

<b>Case Number:</b>	CM14-0181303		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Spinal Cord Injury and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old male who reported an injury on 01/12/2010. The mechanism of injury was lifting. His diagnosis was noted as low back pain. His past treatments were noted to include physical therapy, work modification, medication, acupuncture, and a TENS unit. His diagnostic studies were noted to include an MRI on 09/17/2010, which revealed a rightward disc protrusion displacing the right L5 nerve root and a rightward annular protrusion with less mass effect upon the nerve root at L5-S1 and an x-ray of the lumbar spine which revealed loss of lordosis, limited range of motion, severe narrowing at L4-5 and L5-S1, and no fracture. The date of the x-ray was not given. During the assessment on 09/12/2014, the injured worker complained of pain in the lower back with radicular symptoms into the legs, the right greater than the left. The injured worker stated the symptoms were aggravated with prolonged sitting, standing, walking, and lifting. The physical examination revealed a positive straight leg raise on the right and left. The examination also revealed weakness with the big toe dorsiflexion and big toe plantar flexion bilaterally. His medications were noted to include Norco 10/325 mg, Ultram 150 mg, Anaprox 550 mg, Prilosec 20 mg, and Fexmid 7.5 mg. The treatment plan was to request lumbar epidural steroid injection for therapeutic and analgesic purposes to reduce pain and increased functional capabilities. The rationale for the EMG/NCV study for the lower extremities was to further evaluate nerve injury. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**EMG/NCV of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS)

**Decision rationale:** The request for an EMG/NCV of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back and radicular symptoms lasting more than 3 to 4 weeks despite conservative care. In regard to NCV studies, the Official Disability Guidelines state they are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. During the physical examination dated 09/12/2014, neurological deficits were found, such as, pain in the lower back with radicular symptoms into both legs and it was noted that the injured worker had attempted several conservative treatment measures. The physical examination revealed a positive straight leg raise on the right and left. The examination also revealed weakness with the big toe dorsiflexion and big toe plantar flexion bilaterally. While an EMG would be recommended for suspected low back radiculopathy, nerve conduction studies are not recommended by the guidelines for the lower back as there is minimal justification for performing nerve conduction studies when the injured worker is presumed to have symptoms on the basis of radiculopathy. Due to nerve conduction studies not being recommended by the guidelines for the lower back, the request for an EMG/NCV of the bilateral lower extremities is not medically necessary.