

<b>Case Number:</b>	CM14-0185616		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	09/12/1994
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Family Medicine and is licensed to practice in Colorado. 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 an 80 year old male with date of injury on 9/12/1994 who continues care with the treating physician. The patient has chronic low back pain radiating to right leg. He also reports numbness and tingling in both legs. He has previously been diagnosed with a herniated disc at L4-L5, and refused surgery. Per the few notes available for review, exam shows "neurological deficits in L5 distribution" on right leg. The treating physician requests EMG for both lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 807,847-848.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines does not address the use of EMG/NCV studies as diagnostics, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, electrodiagnostic studies, comprised of EMG and NCV, are recommended when CT or MRI is non-diagnostic and /or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. However, electrodiagnostic studies are not

recommended for patients with chronic low back pain in the absence of "significant" leg pain or numbness. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCV, with needle EMG component if radiculopathy suspected, would be indicated. NCV would also be indicated if another condition, in addition to or instead of radiculopathy is suspected based on history and/or physical. EMG and/or NCV may also be recommended in situations in which rotator cuff weakness is evident on exam, but no rotator cuff injury is present on imaging. Some clinicians would wait to test patients with NCV/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, the records do not indicate any abnormal neurological findings for the left leg on exam. Furthermore, the patient complaint of numbness and tingling in both legs is not documented as "significant." Patient does have neurological abnormalities on exam for the right leg, and pain as well as numbness and tingling in the right leg. Therefore, electrodiagnostic testing may be warranted for the right leg, but not for the left leg. The request for EMG for both legs is not supported by the documented complaints and physical findings, so the request is not medically necessary.