Case Number:	CM14-0098562		
Date Assigned:	09/16/2014	**Date of Injury:**	01/21/2013
Decision Date:	10/15/2014	**UR Denial Date:**	06/18/2014
Priority:	Standard	**Application Received:**	06/26/2014

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 is licensed to practice in California. 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 46-year-old male with a reported date of injury on 01/21/2013. The injury reportedly occurred when the injured worker pulled a tire and felt a sharp pain run down the left leg and lower back. His diagnoses were noted to include lumbar strain/sprain, myofascial pain syndrome, plantar fasciitis to the left foot, and lumbar radiculitis. His previous treatments were noted to include physical therapy, medications, interferential unit and cold packs. The progress note dated 05/19/2014 revealed complaints of moderate pain to the low back and bilateral knees rated 8/10 to 9/10. The pain radiated to both legs and was associated with tingling in the legs and feet and weakness in the legs. The physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paravertebral muscles with spasm noted. The range of motion was diminished in all planes and there was a positive straight leg raise bilaterally that produced back pain. The motor examination revealed motor strength rated 5/5 and the deep tendon reflexes were 0 to 1+ throughout the lower extremities. Sensation was grossly intact to light touch throughout the lower extremities. A nerve conduction study/electromyography was performed 06/17/2014 which revealed evidence of chronic bilateral S1 radiculopathy without acute denervation that corresponded with the injured worker's symptoms. The progress note dated 08/06/2014 revealed complaints of low back pain that radiated to the left leg and foot. The low back pain was described as a constant dull ache and the left foot described as "stepping on a nail." The pain averaged 8/10 and was worst in the evenings. The physical examination of the lumbar spine revealed tenderness to palpation of the lumbar paravertebral muscles with spasm noted. The range of motion was diminished in all planes and there was a positive straight leg raise bilaterally. The examination of the left foot revealed tenderness to palpation over the medial plantar fascia and the plantar calcaneal area medially and centrally. The motor strength was rated 5/5 throughout the lower extremities and

sensation was grossly intact throughout the lower extremities. The Request for Authorization Form was not submitted within the medical records. The request was for nerve conduction velocity test to the right and left lower extremity and electromyography to the right and left lower extremity, to rule out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity Test (NCV) right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies.

Decision rationale: The request for nerve conduction velocity test (NCV) to the right lower extremity is not medically necessary. The injured worker complains of back pain that radiates to the lower extremities. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review meta-analysis demonstrate that neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with regular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There is lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

Nerve Conduction Velocity Test (NCV) left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Nerve Conduction Studies.

Decision rationale: The request for nerve conduction velocity test (NCV) to the left lower extremity is not medically necessary. The injured worker complains of back pain that radiates to the lower extremities. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review meta-analysis demonstrate that neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with regular symptoms, EMG/nerve conduction studies often have low combined sensitivity and

specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There is lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

Electromyography (EMG) right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for an electromyography (EMG) to the right lower extremity is not medically necessary. The injured worker complains of low back pain that radiates to the left lower extremity. The CA MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be used to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Electromyography is performed when radiculopathy is present on a physical exam but the affected nerve is not clear. Therefore, due to the lack of significant neurological deficits in a specific dermatomal distribution and lack of clinical findings consistent with radiculopathy, an electromyography is not appropriate at this time. Therefore, the request is not medically necessary.

Electromyography (EMG) left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for an electromyography (EMG) to the left lower extremity is not medically necessary. The injured worker complains of low back pain that radiates to the left lower extremity. The CA MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be used to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Electromyography is performed when radiculopathy is present on a physical exam but the affected nerve is not clear. Therefore, due to the lack of significant neurological deficits in a specific dermatomal distribution and lack of clinical findings consistent with radiculopathy, an

electromyography is not appropriate at this time. Therefore, the request is not medically necessary.