

<b>Case Number:</b>	CM14-0099093		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 51 years old female with an injury date on 04/06/2013. Based on the 05/21/2014 progress report provided by [REDACTED], the diagnoses are: Lumbar strain sprain; HNP lumbar; Radicular syndrome of lower limbs; Sprain Hip/Thigh; Sprain of Knee; Tear Medical Meniscus Knee; Right ankle closed; Peroneal Tendonitis. According to this report, the patient complains of neck, mid back, low back and bilateral lower extremity pain. There were no physical exam findings in this report. The 03/27/2014 report from [REDACTED] indicates the patient's pain level is at a 3-4 /10 with medications. Swelling is noted at the right ankle with numbness at the right lateral leg. Straight leg raise is positive on the right. Decreased sensation and strength at the right leg and foot are noted. There tenderness to palpation over T12 to S1 musculature. Lumbar range of motion is decreased. MRI of the lumbar spine on 02/01/2014 reveals diffuse disc protrusion at L3-4, L4-L5, and L5-S1 levels and facet hypertrophy causing bilateral neutral foraminal stenosis at L4-L5 level. There were no other significant findings noted on this report. The utilization review denied the request on 06/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/02/2014 to 05/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) Left Lower Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 06/10/14) Electrodiagnostic studies (EDS)

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

**Decision rationale:** According to the 05/21/2014 report by [REDACTED] this patient presents with neck, mid back, low back and bilateral lower extremity pain. The treating physician is requesting EMG of the left lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports does not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the left lower extremities to rule out radiculopathy versus neuropathy and the guidelines support it. Recommendation is that the request is medically necessary.

**Nerve Conduction Velocity (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 ODG Low Back (updated 06/10/14) Electrodiagnostic studies (EDS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies: See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians.

**Decision rationale:** According to the 05/21/2014 report by [REDACTED] this patient presents with neck, mid back, low back and bilateral lower extremity pain. The treating physician is requesting NCV of the left lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. Review of reports does not show any evidence of NCV being done in the past. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Recommendation is that the request is not medically necessary.

**Nerve Conduction Velocity (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 ODG Low Back (updated 06/10/14) Electrodiagnostic studies (EDS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies: See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians.

**Decision rationale:** According to the 05/21/2014 report by [REDACTED] this patient presents with neck, mid back, low back and bilateral lower extremity pain. The treating physician is requesting NCV of the right lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. Review of reports does not show any evidence of NCV being done in the past. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Recommendation is that the request is not medically necessary.

**Electromyography (EMG) Right Lower Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 06/10/14) Electrodiagnostic studies (EDS)

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

**Decision rationale:** According to the 05/21/2014 report by [REDACTED] this patient presents with neck, mid back, low back and bilateral lower extremity pain. The treating physician is requesting EMG of the right lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 supports EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports does not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the right lower extremities to rule out radiculopathy versus neuropathy and the guidelines support it. Recommendation is that the request is medically necessary.