Case Number:	CM15-0119309		
Date Assigned:	06/29/2015	**Date of Injury:**	10/03/2014
Decision Date:	08/25/2015	**UR Denial Date:**	05/19/2015
Priority:	Standard	**Application Received:**	06/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 10/3/14. The injured worker has complaints of low back pain; left leg pain with numbness and weakness and back pain and continuous leg pain. The documentation noted that the injured worker has antalgic gait due to the left leg pain and weakness with pain to palpation over the area of L5-S1 (sacroiliac) with palpable muscle spasms on the left side. The diagnoses have included herniated nucleus pulposus at L5-S1 (sacroiliac) severe stenosis foraminally left neuroforaminal stenosis impinging the exiting nerve root at L5; L5-S1 (sacroiliac) stenosis with left S1 (sacroiliac) impingement contribution and left leg radiculopathy radiculitis, predominantly L5, however, with some contribution from S1 (sacroiliac). Treatment to date has included anti-inflammatory medications; physical therapy; epidural injections and magnetic resonance imaging (MRI) of the lumbar spine dated 8/25/14 showed evidence of disc herniation at L5-S1 (sacroiliac) with severe discogenic disease and stenosis especially foraminally, disc protrusion is noted at L4-L5 with minimal foraminal stenosis. The request was for nerve conduction velocity study of the right and lower extremity and an electromyography of the left and right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents on 05/07/15 with unrated lower back pain which radiates into the left lower extremity, and associated numbness, weakness of the affected limb. The patient's date of injury is 10/03/14. Patient is status post lumbar ESI at unspecified levels. The request is for NCV OF THE RIGHT LOWER EXTREMITY. The RFA is dated 05/07/15. Physical examination dated 05/07/15 reveals positive straight leg raise on the left side, and decreased sensation in the left leg along the L5-S1 dermatomal distribution. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine dated 8/25/14, significant findings include: "evidence of disc herniation at L5-S1 (sacroiliac) with severe discogenic disease and stenosis especially foraminally, disc protrusion is noted at L4-L5 with minimal foraminal stenosis." Patient's current work status is not provided. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: "Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In regard to the request for an NCV study of the right lower extremity, the patient does not present with complaints on the right side. This patient presents with lower back pain with a neurological component in the LEFT lower extremity. There is no discussion of neurological symptoms in the right lower extremity for which electrodiagnostic studies could be utilized. Owing to a lack of complaints in the requested limb, the request cannot be substantiated. The request IS NOT medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents on 05/07/15 with unrated lower back pain which radiates into the left lower extremity, and associated numbness, weakness of the affected limb. The patient's date of injury is 10/03/14. Patient is status post lumbar ESI at unspecified levels. The request is for NCV OF THE LEFT LOWER EXTREMITY. The RFA is dated 05/07/15. Physical examination dated 05/07/15 reveals positive straight leg raise on the left side, and

decreased sensation in the left leg along the L5-S1 dermatomal distribution. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine dated 8/25/14, significant findings include: "evidence of disc herniation at L5-S1 (sacroiliac) with severe discogenic disease and stenosis especially foraminally, disc protrusion is noted at L4-L5 with minimal foraminal stenosis." Patient's current work status is not provided. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: "Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In regard to the request for an NCV study of the left lower extremity, guidelines do not support the use of such diagnostics in the lower extremities if the leg symptoms are presumed to be coming from the lumbar spine. While this patient presents with lower back pain with a neurological component in the left lower extremity, NCV studies are not considered an appropriate diagnostic tool for lower extremity complaints if the radiculopathy is presumed to be originating in the lumbar spine. There are no concurrent conditions other than lumbar radiculopathy for which and NCV could be utilized, either. Therefore, the request IS NOT medically necessary.

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under EMGs.

Decision rationale: The patient presents on 05/07/15 with unrated lower back pain which radiates into the left lower extremity, and associated numbness, weakness of the affected limb. The patient's date of injury is 10/03/14. Patient is status post lumbar ESI at unspecified levels. The request is for EMG OF THE LEFT LOWER EXTREMITY. The RFA is dated 05/07/15. Physical examination dated 05/07/15 reveals positive straight leg raise on the left side, and decreased sensation in the left leg along the L5-S1 dermatomal distribution. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine dated 8/25/14, significant findings include: "evidence of disc herniation at L5-S1 (sacroiliac) with severe discogenic disease and stenosis especially foraminally, disc protrusion is noted at L4-L5 with minimal foraminal stenosis." Patient's current work status is not provided. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: "Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Low Back chapter under EMGs -electromyography-ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In regard to the EMG study to be performed on the left lower extremity, the request is appropriate. Progress note dated

05/07/15 notes that this patient presents with lower back pain with a significant neurological component in the left lower extremity. Namely, weakness in the limb, positive straight leg raise on the left, and decreased sensation along the L5-S1 dermatomal distribution. There is no evidence that this patient has undergone and EMG studies of the left lower extremity to date, such a study could better identify the underlying pathology. Therefore, the request IS medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under EMG.

Decision rationale: The patient presents on 05/07/15 with unrated lower back pain which radiates into the left lower extremity, and associated numbness, weakness of the affected limb. The patient's date of injury is 10/03/14. Patient is status post lumbar ESI at unspecified levels. The request is for EMG OF THE RIGHT LOWER EXTREMITY. The RFA is dated 05/07/15. Physical examination dated 05/07/15 reveals positive straight leg raise on the left side, and decreased sensation in the left leg along the L5-S1 dermatomal distribution. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine dated 8/25/14, significant findings include: "evidence of disc herniation at L5-S1 (sacroiliac) with severe discogenic disease and stenosis especially foraminally, disc protrusion is noted at L4-L5 with minimal foraminal stenosis." Patient's current work status is not provided. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: "Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Low Back chapter under EMGs-electromyography-ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In regard to the EMG study to be performed on the right lower extremity, this patient does not present with complaints on the right side. This patient shows symptoms of neurological compromise in the LEFT lower extremity. Progress note dated 05/07/15 does not include complaints in the right lower extremity, or examination findings suggestive of neurological compromise on the right. Without such documentation, an EMG study of the right extremity is unnecessary and cannot be substantiated. The request IS NOT medically necessary.