

<b>Case Number:</b>	CM15-0176526		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/04/2015
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 57 year old male who sustained an industrial injury on 5-4-15. The documentation on 7-28-15 noted that the injured worker had complaints of pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. There is radiation of pain into the left lower extremity with numbness. On a scale of 1 to 10 the injured workers pain level is a 6 to 8. There is pain and tenderness in the lumbar spine extending to the left lower extremity with numbness. Seated nerve root test was positive and range of motion standing flexion and extension are guarded and restricted. The documentation noted that there is numbness in the left lower extremity. The diagnoses have included sprain and strain of lumbosacral. The documentation on 5-4-15 noted that X-rays appears to have possible degenerative changes. Treatment to date included Toradol injection; electric stimulation therapy; Diclofenac; muscle rub ultra-strength; and chiropractic therapy. The original Utilization Review (9-2-15) partially approved a request for electromyography and nerve conduction velocity right lower extremity and nerve conduction velocity of left lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography), ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing acute low back symptoms and there is a high risk of complications for myeloCT and myelography. According to the ODG, EMGs may be recommended to obtain unequivocal evidence of radiculopathy following 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, per the ODG, nerve conduction studies (NCS) are not recommended in low back radicular symptoms. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Based on the most recent progress note from 7-28-15, there was no documentation to support obtaining EMG/NCV of the right lower extremity because there were no radicular symptoms documented and the physical exam was neurologically normal. Thus, the request for EMG/NCV right lower extremity is not medically necessary and appropriate based on the cited guidelines.

**NCV left 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** Per the cited ODG, nerve conduction studies (NCS) are not recommended in low back radicular symptoms because there is minimal justification for performing nerve conduction studies in those presumed to have symptoms on the basis of radiculopathy. Treating provider notes from 7-28-15 state that the injured worker continued to have radicular symptoms with pain and numbness extending from the lumbar region into the left lower extremity. Based on the clinical findings, the symptoms are primarily radicular with no concerns for other issues, such as peripheral neuropathy. Thus, the request for NCV of the left lower extremity is not medically necessary and appropriate based on the cited guidelines.