

<b>Case Number:</b>	CM15-0179158		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	11/21/2003
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: North Carolina

Certification(s)/Specialty: 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 62 year old female, who sustained an industrial injury on 11-21-03. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post lumbar fusion with hardware placement L5-S1 (2006); status post lumbar hardware removal and interbody fusion L5-S1 (4-2015); physical therapy; post-operative injections of Toradol-Marcaine -B12; medications. Currently, the PR-2 notes dated 6-29-15 indicated the injured worker was seen on this date for an orthopedic postoperative evaluation. The injured worker is a status post removal of bilateral hardware lumbar L5-S1 on 4-3-15. She complains of intermittent low back pain with occasional flare-ups. The provider documents "She still has residual pain on the right side. The pain is characterized as dull. The patient's pain is unchanged. On a scale of 1 to 10, the pain is a 5." On physical examination, the provider documents "Lumbar Spine: There is a well-healed midline scar. There is tenderness at the lumbar paravertebral muscles with spasm. Neurovascular status remains intact. Seated nerve root test is negative. Range of Motion: there is limited range of motion. Stability: no clinical evidence of stability on exam. Skin: Warm and dry with normal color and turgor. CV: circulation in the lower extremities if full. Coordination and balance: Intact. Sensation and Strength: Normal." The provider's treatment plan documents: "The patient continues having low back pain with junctional level pathology. MRI of the lumbar spine and bilateral lower extremity EMG-NCV will be ordered." He notes the MRI is ordered and consistent with ACOEM, Chapter 12, page 296, which he states "this diagnostic test is necessary when the patient has had lumbar spine pain with leg pain-numbness lasting longer than 4-6 weeks. He documents EMG-NCV studies of the bilateral lower extremities: This is consistent with ACOEM, Chapter 12, page 303 which states "EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in

patients with lower back symptoms lasting more than 3-4 weeks." He also sites "ODG also states on page 1113, that an EMG is recommended to clarify nerve root dysfunction in patients without signs of improvement after four (4) weeks." A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 8-12-15 and non-certification was for EMG/NCV Bilateral Lower Extremities. Utilization Review denied the requested diagnostic for not meeting the ACOEM Guidelines "as referenced by MTUS, page 309." Utilization Review Letter states "The patient has no neurological symptoms of the lower extremities in documentation available. There is no documentation of bowel or bladder symptoms or signs. The patient has no instability on examination of the spine. There are no X-rays cited in the documentation received. The rationale for obtaining EMG-NCS is not specifically stated. In addition, in the absence of clinical evidence of peripheral nerve dysfunction, nerve conduction studies are not recommended by applicable guidelines." The provider is requesting authorization of EMG/NCV Bilateral Lower Extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.