Case Number:	CM15-0064742		
Date Assigned:	04/10/2015	**Date of Injury:**	03/01/2011
Decision Date:	05/15/2015	**UR Denial Date:**	03/11/2015
Priority:	Standard	**Application Received:**	04/06/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 51 year old female who sustained an industrial injury on 3/1/11. She has reported back pain after lifting, bending and pulling. The diagnosis was lumbosacral pain. Treatment to date has included physical therapy, unspecified medications, and work restrictions. Magnetic Resonance Imaging (MRI) of the lumbar spine on 12/2/14 showed disc protrusion at L4-5, which abuts the traversing L5 nerve roots. An x-ray of the lumbar spine was reported to show loss of disc height at L5-S1. In August 2014, the injured worker reported back pain with decreased sensation in the right L5 and left L4 distribution. As per the physician progress note dated 1/6/15, the injured worker reported ongoing low back pain that radiates to both legs. The back pain was rated 9/10 on pain scale with numbness and tingling down the legs. She had physical therapy and the pain still persists. Physical exam of the lumbar spine revealed decreased sensation at the L4-5 distribution. The physician noted request for nerve conduction velocity studies (NCV) and electromyography (EMG) of the bilateral lower extremities to rule out any nerve damage. Treatment plan was also for chiropractic and acupuncture and follow up in 6 weeks. Work status was light duty with lifting limit of 10 pounds. Progress note of 2/17/15 alludes to prior negative electrodiagnostic testing, but dates and results were not provided, and the physician noted that it was not an adequate study. The physician also noted plan for epidural steroid injection. The requested services included nerve conduction velocity studies (NCV) of the right lower extremity (RLE), electromyography (EMG) of the right lower extremity (RLE), nerve conduction velocity studies (NCV) of the left lower extremity (LLE) and electromyography (EMG) of the left lower extremity (LLE). On 3/11/15, Utilization Review

(UR) non-certified requests for NCV of (RLE), EMG of LLE, NCV of LLE, and EMB of RLE, citing the ACOEM and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the RLE: 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), Low back - Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This injured worker had persistent low back pain with associated numbness in the legs in spite of conservative therapy (physical therapy, medications, work restrictions). Examination showed decreased sensation at L4-5 but there was no discussion of motor weakness. MRI showed a disc protrusion with possible impingement of the L5 nerve roots. The treating physician noted a plan for epidural steroid injection. Confirmation of radiculopathy and the specific lesion with EMG is medically necessary in this case. The clinical presentation shows a sufficient degree of neurologic signs and symptoms to warrant electrodiagnostic testing. However, as nerve conduction studies are not recommended by the guidelines, the request for NCV of the RLE is not medically necessary.

EMG of the LLE: 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): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

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recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This injured worker had persistent low back pain with associated numbness in the legs in spite of conservative therapy (physical therapy, medications, work restrictions). Examination showed decreased sensation at L4-5 but there was no discussion of motor weakness. MRI showed a disc protrusion with possible impingement of the L5 nerve roots. The treating physician noted a plan for epidural steroid injection. Confirmation of radiculopathy and the specific lesion with EMG is medically necessary in this case. The clinical presentation shows a sufficient degree of neurologic signs and symptoms to warrant electrodiagnostic testing. As such, the request for EMG of the LLE is medically necessary.

NCV of the LLE: 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), Low back - Nerve conduction studies (NCS).

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