

<b>Case Number:</b>	CM15-0068654		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/11/2001
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Hospice & Palliative 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 (IW) is a 49-year-old male who sustained an industrial injury on 09/11/2001. Diagnoses include lumbar degenerative disc disease and facet arthropathy, lumbar stenosis and lumbar herniated nucleus pulposus with neural foraminal narrowing. Treatment to date has included medications, physical therapy, acupuncture, chiropractic treatment, nerve rhizotomies and spinal surgeries. Diagnostics included electrodiagnostic testing of the bilateral lower extremities and MRIs. According to the progress notes dated 3/17/15, the IW reported increased low back pain. He stated the pain was associated with numbness in both thighs and buttocks, left greater than right, burning sensation in the right thigh and occasional tingling in both feet. A request was made for EMG/NCS of the bilateral lower extremities in anticipation of interventional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 165-188, 261.

**Decision rationale:** The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation reported the worker was experiencing lower back pain, numbness in both upper legs, tingling in both feet, and right knee pain. Recorded examinations described some loss of feeling in patterns that followed spinal nerve paths that was not fully explained by the most recent MRI, but other examination findings were not clearly consistent with a radiculopathy. In light of this supportive evidence, the current request for electromyography (EMG) testing of both legs is medically necessary.

**NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 165-188, 261.

**Decision rationale:** The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation reported the worker was experiencing lower back pain, numbness in both upper legs, tingling in both feet, and right knee pain. There was no discussion suggesting subtle neurologic findings in the neck or any arm issues or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for nerve conduction velocity (NCV) testing of both legs is not medically necessary.