

<b>Case Number:</b>	CM15-0071079		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 40 year old male, who sustained an industrial injury on 7/1/11. The injured worker has complaints of low back pain. The diagnoses have included lumbar disc displacement. Treatment to date has included intramuscular injection of Depo Medrol mixed with Marcaine; intramuscular injection of vitamin B-12 complex for the current orthopedic symptomatology; home H-wave; transcutaneous electrical nerve stimulation unit; physical therapy; acupuncture and medications. The request was for electromyography/nerve conduction velocity studies of the right lower extremity, as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) and/or Nerve Conduction Velocity (NCV) Studies of the Right Lower Extremity, as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar &

Thoracic (Acute & Chronic)chapter, EMGs (electromyography) Low Back - Lumbar & Thoracic (Acute & Chronic)chapter, Nerve conduction studies (NCS).

**Decision rationale:** The patient presents with low back pain radiating to lower extremities rated at 8/10. The request is for ELECTROMYOGRAPHY (EMG) AND/OR NERVE CONDUCTION VELOCITY (NCV) STUDIES OF THE RIGHT LOWER EXTREMITY, AS AN OUTPATIENT. The request for authorization is not provided. The patient's pain is worsening. The pain is characterized as sharp. The pain is aggravated by bending, lifting, twisting, pushing, prolonged sitting and walking multiple blocks. Physical examination of the lumbar spine reveals tenderness to palpation of the paravertebral muscles with spasm. Seated nerve root test is positive. Range of motion is restricted. Circulation in the lower extremities is full. There is tingling and numbness in the anterolateral thigh, anterolateral leg, anterior knee, medial leg and foot all of which is in an L4 and L5 dermatomal pattern. There is 4 strength in the quadriceps and EHL, an L4 innervated muscle. Knee reflexes are asymmetric. The patient's work status is not provided. ODG Guidelines, chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) 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." ODG Guidelines, chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Treater does not discuss the request. The patient continues with low back pain radiating to both legs. Given the patient's lower extremity symptoms, physical examination findings, and diagnoses, EMG/NCS studies would appear reasonable. There is no evidence that this patient has had prior lower extremity EMG/NCS studies done. Therefore, the request is medically necessary.