

<b>Case Number:</b>	CM15-0096579		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 35 year old male, who sustained an industrial injury on 04/08/2012. He has reported injury to the right elbow, right shoulder, left foot, and low back. The diagnoses have included lumbar disc protrusion; lumbar radiculopathy; lumbar L4-L5, L5-S1 degenerative disc disease; and status post right shoulder arthroscopy, decompression rotator cuff repair, and labral debridement, on 01/09/2015. Treatments have included medications, diagnostics, hot/cold wrap, injection, lumbar epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco, Zofran, and Voltaren Gel. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating to the bilateral lower extremities. Objective findings were documented as unchanged. A prior visit, dated 03/31/2015, documented objective findings to include decreased lumbar range of motion; unable to squat; positive pain with toe walking and heel walking, left leg; and bilateral lower extremity radiculopathy, left greater than right. The treatment plan has included the request for NCV (nerve conduction velocity) right lower extremity; EMG (electromyography) left lower extremity; NCV (nerve conduction velocity) left lower extremity; and EMG (electromyography) right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV right lower extremity: Overturned**

**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 Official disability guidelines 'Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)'.  
The patient is status post right shoulder arthroscopy, decompression rotator cuff repair, and lateral debridement on 01/08/15. Diagnoses, as per progress report dated 04/07/15, included L4-5 and L5-S1 degenerative disc disease, disc protrusion and radiculopathy. The reports do not document the patient's work status. 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." In this case, the progress reports do not document prior electro diagnostic studies for lower extremities. The current request is noted in progress report dated 04/07/15. The patient suffers from chronic lower back pain. Physical examination, as per progress report dated 10/10/14, revealed tenderness and spasms in the lumbar spine along with positive straight leg raise. While MRI of the lumbar spine, dated 12/12/14, revealed left foraminal disc herniation at L4-5 along with moderate left foraminal stenosis, and displacement of left L4 nerve root, it does not reveal anything on the right. An NCV study may, therefore, be beneficial at this stage for accurate diagnoses. Hence, this request is medically necessary.

**Decision rationale:** The patient complains of lower back pain radiating to bilateral lower extremities, as per progress report dated 04/07/15. The request is for NCV Of Right Lower Extremity. The RFA for the case is dated 04/10/15, and the patient's date of injury is 04/08/12. The patient is status post right shoulder arthroscopy, decompression rotator cuff repair, and lateral debridement on 01/08/15. Diagnoses, as per progress report dated 04/07/15, included L4-5 and L5-S1 degenerative disc disease, disc protrusion and radiculopathy. The reports do not document the patient's work status. 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." In this case, the progress reports do not document prior electro diagnostic studies for lower extremities. The current request is noted in progress report dated 04/07/15. The patient suffers from chronic lower back pain. Physical examination, as per progress report dated 10/10/14, revealed tenderness and spasms in the lumbar spine along with positive straight leg raise. While MRI of the lumbar spine, dated 12/12/14, revealed left foraminal disc herniation at L4-5 along with moderate left foraminal stenosis, and displacement of left L4 nerve root, it does not reveal anything on the right. An NCV study may, therefore, be beneficial at this stage for accurate diagnoses. Hence, this request is medically necessary.

**EMG left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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).

**Decision rationale:** The patient complains of lower back pain radiating to bilateral lower extremities, as per progress report dated 04/07/15. The request is for EMG Left Lower Extremity. The RFA for the case is dated 04/10/15, and the patient's date of injury is 04/08/12. The patient is status post right shoulder arthroscopy, decompression rotator cuff repair, and lateral debridement on 01/08/15. Diagnoses, as per progress report dated 04/07/15, included L4-5 and L5-S1 degenerative disc disease, disc protrusion and radiculopathy. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electro-

myography)',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."In this case, the progress reports do not document prior electro diagnostic studies for lower extremities. The current request is noted in progress report dated 04/07/15. The patient suffers from chronic lower back pain. Physical examination, as per progress report dated 10/10/14, revealed tenderness and spasms in the lumbar spine along with positive straight leg raise. MRI of the lumbar spine, dated 12/12/14, revealed left foraminal disc herniation at L4-5 along with moderate left foraminal stenosis, and displacement of left L4 nerve root. Given the clear diagnoses of radiculopathy during the MRI, an EMG study may not be required. This request is not medically necessary.

**NCV left lower extremity:** 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 Official disability guidelines 'Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)'.

**Decision rationale:** The patient complains of lower back pain radiating to bilateral lower extremities, as per progress report dated 04/07/15. The request is for NCV Of Left Lower Extremity. The RFA for the case is dated 04/10/15, and the patient's date of injury is 04/08/12. The patient is status post right shoulder arthroscopy, decompression rotator cuff repair, and lateral debridement on 01/08/15. Diagnoses, as per progress report dated 04/07/15, included L4-5 and L5-S1 degenerative disc disease, disc protrusion and radiculopathy. The reports do not document the patient's work status.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." In this case, the progress reports do not document prior electro diagnostic studies for lower extremities. The current request is noted in progress report dated 04/07/15. The patient suffers from chronic lower back pain. Physical examination, as per progress report dated 10/10/14, revealed tenderness and spasms in the lumbar spine along with positive straight leg raise. MRI of the lumbar spine, dated 12/12/14, revealed left foraminal disc herniation at L4-5 along with moderate left foraminal stenosis, and displacement of left L4 nerve root. Given the clear diagnoses of radiculopathy during the MRI, an EMG study may not be required. This request is not medically necessary.

**EMG right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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).

**Decision rationale:** The patient complains of lower back pain radiating to bilateral lower extremities, as per progress report dated 04/07/15. The request is for EMG RIGHT LOWER EXTREMITY. The RFA for the case is dated 04/10/15, and the patient's date of injury is 04/08/12. The patient is status post right shoulder arthroscopy, decompression rotator cuff repair, and lateral debridement on 01/08/15. Diagnoses, as per progress report dated 04/07/15, included L4-5 and L5-S1 degenerative disc disease, disc protrusion and radiculopathy. The reports do not document the patient's work status. 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." In this case, the progress reports do not document prior electrodiagnostic studies for lower extremities. The current request is noted in progress report dated 04/07/15. The patient suffers from chronic lower back pain. Physical examination, as per progress report dated 10/10/14, revealed tenderness and spasms in the lumbar spine along with positive straight leg raise. While MRI of the lumbar spine, dated 12/12/14, revealed left foraminal disc herniation at L4-5 along with moderate left foraminal stenosis, and displacement of left L4 nerve root, it does not reveal anything on the right. An EMG study may, therefore, be beneficial at this stage for accurate diagnosis. Hence, this request is medically necessary.