



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury is 12/08/2008. This patient's diagnoses include status post a laminectomy and microdiscectomy at L4-L5 in March 2009 with residual chronic pain syndrome and neuropathic pain in the lower extremities, right worse than left. As of 04/19/2013, the patient was noted to have weakness in the bilateral EHL and gastroc and peroneus longus with strength normal otherwise noted throughout the lower extremities. Sensory examination revealed dermatomal findings in the right at L5-S1. A prior physician review indicates that an electrodiagnostic study has been requested in order to rule out a radiculopathy versus peripheral neuropathy. The prior reviewer indicated that since a radiculopathy is already apparent, the guidelines do not support additional electrodiagnostic studies.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. EMG left lower extremity is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004, pages 308-310, which are part of the MTUS; and the ODG Low Back, EMGs and NCS, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Low Back Chapter, page 303.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, Chapter 12 Low Back, page 303, states, "Electromyography may be used to further identify subtle, focal, neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks...unequivocal objective findings that identify specific nerve

compromise or sufficient evidence to warrant imaging in persons who do not respond to treatment and who would consider surgery an option.” In this case, the patient is postoperative with the diagnosis of a chronic radiculopathy. The guidelines do not support an indication for electrodiagnostic studies in this situation, both because the diagnosis is clinically evident and also because electrodiagnostic studies have the potential to have false positive findings indefinitely in a patient with a history of past spinal surgery. Moreover, the medical records do not document specific symptoms or neurological findings or differential diagnosis to suggest a particular peripheral nerve lesion. Therefore, for this reason as well, the rationale for electrodiagnostic testing at this time is not apparent or supported by the guidelines and records. Overall this request is not medically necessary.

## **2. NCV left lower extremity is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004, pages 308-310, which are part of the MTUS; and the ODG Low Back, EMGs and NCS, which are not part of the MTUS.

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## **3. NCV right lower extremity is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004, pages 308-310, which are part of the MTUS; and the ODG Low Back, EMGs and NCS, which are not part of the MTUS.

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#### **4. EMG right lower extremity is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004, pages 308-310, which are part of the MTUS; and the ODG Low Back, EMGs and NCS, which are not part of the MTUS.

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[REDACTED]

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