

<b>Case Number:</b>	CM13-0028722		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This 56-year-old female production worker sustained an industrial injury on 2/26/13, relative to a slip and fall. The 6/12/13 lumbar spine MRI impression documented mild degenerative changes of the lower lumbar spine. The 8/1/13 neurology report documented intact sensation to pin and vibration on all extremities, normal motor strength and tone, 2+ and symmetrical deep tendon reflexes, and normal gait stance and movement without evidence of weakness or imbalance. The diagnosis was back pain due to muscle strain, no evidence of radiculopathy or neuropathy. The treatment plan recommended continued conservative treatment. The patient was not a candidate for any surgical treatment. The 8/18/13 treating physician report cited moderate lumbosacral pain with pain and paresthesias radiating into both legs. Left knee exam documented mild to moderate medial tenderness, medial joint line tenderness, and painful flexion. Lumbar spine exam documented paraspinal spasms, lumbosacral trigger points, 25% reduction in range of motion, reduced sensation in the foot, thigh weakness, and normal deep tendon reflexes. The diagnosis included back pain, lumbosacral degenerative joint and disc disease, and left knee pain. The treatment plan recommended anti-inflammatory medications, therapeutic exercise, trigger point injections, EMG/NCV bilateral lower extremities, and pain medication. The 8/29/13 utilization review denied the request for bilateral upper and lower extremity EMG/NCV as the described findings were vague and lumbar MRI was normal. Subjective complaints that far outweigh any finding of injury were cited as insufficient indications for further diagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **BILATERAL ELECTROMYOGRAPHY (EMG) OF THE LOWER EXTREMITIES:**

Upheld

**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.

**Decision rationale:** The California MTUS state that EMG (electromyography) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms that last more than 3 to 4 weeks. Guidelines state that electrical studies are contraindicated for nearly all knee injury diagnoses. Guideline criteria have not been met. There is no evidence of focal neurologic dysfunction. The 6/11/13 MRI documented mild degenerative changes. The neurologic evaluation of 8/1/13 documented intact sensation, strength, and reflexes over the lower extremities. The neurologist stated there was no evidence of radiculopathy or neuropathy. Records indicate that subjective complaints outweigh objective findings. Therefore, this request for bilateral lower extremity EMG is not medically.

## **BILATERAL NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low-back - Lumbar and Thoracic, Nerve conduction studies (NCS).

**Decision rationale:** The California MTUS do not address the medically necessary of NCV (nerve conduction velocity) testing for low back complaints. Guidelines state that electrical studies are contraindicated for nearly all knee injury diagnoses. The Official Disability Guidelines state that nerve conduction studies are not recommended in low back injuries. Severe or progressive neuro. Findings have not been documented. Given the absence of guidelines support for nerve conduction studies in low back and knee complaints, this request for bilateral lower extremity NCV is not medically necessary.