

<b>Case Number:</b>	CM13-0064217		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Occupational medicine, and is licensed to practice in Hawaii. 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. 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 case is a 70-year-old with a date of injury of 8/19/2011. Medical records indicate the patient was undergoing treatment for ligamentous low back sprain with right radiculopathy, arthropathy lower leg (NOS), right knee pain, and old disruption of lateral collateral ligament. Subjective complaints (11/9/2013) include complaints of "decreased activities of daily living", but no other complaints noted. Objective findings of lumbar spine include "limited range of motion secondary to pain", positive straight leg test bilaterally, and positive Kemp's sign. Objective findings for lower extremities include "limited range of motion of the right knee", tenderness to palpation over the medial and lateral joint line, positive crepitus, 4/5 strength on S1, and decreased sensation of right L5-S1. Agreed medical exam (AME) dated 3/14/2013 indicate that patient was status post right knee arthroscopic medial/lateral meniscectomy/synovectomy/chondroplasty with additional unknown quantities of chiropractic sessions, physical therapy, and aqua therapy. Medications include aspirin 81mg, synthroid 75mcg, amitriptyline 10mg, lovastatin 40mg, lorazepam 1mg, Vicodin 5/500mg, Lexapro 10mg, prednisone 5mg, vitamin C/E, multivitamin, and calcium. A utilization review dated 11/8/2013 partially certified the request for EMG (electromyogram) bilateral lower extremities and non-certified the request for NCV (nerve conduction velocity test) for bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (nerve conduction velocity) test of the right lower extemeties: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG, NCS

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS is silent regarding EMG/NCV for lower extremities. ACOEM is silent regarding NCV for lower extremities, but does recommend needle EMG/H-reflex tests to clarify nerve root dysfunction after 1 month without improvement. The patient has been symptomatic for longer than 1 month and states that the "low back pain is about the same". Additionally, ACOEM does not recommend surface EMG/F-wave or EMG (Electromyogram) for clinically obvious radiculopathy. ODG agrees with ACOEM "EMGs 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." Medical records indicate that radiculopathy has been present; however, the length of time is unclear. An EMG for bilateral lower extremities was previously certified. From the medical records provided, the treating physician does not document the medical rationale for requesting NCV for lower extremities. The ODG states regarding NCV "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The request for an NCV test of the right lower extremities is not medically necessary or appropriate.

**NCV (nerve conduction velocity) test of the left lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG, NCS

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS is silent regarding EMG/NCV for lower extremities. ACOEM is silent regarding NCV for lower extremities, but does recommend needle EMG/H-reflex tests to clarify nerve root dysfunction after 1 month without improvement. The patient has been symptomatic for longer than 1 month and states that the "low back pain is about the same". Additionally, ACOEM does not recommend surface EMG/F-wave or EMG (Electromyogram) for clinically obvious radiculopathy. ODG agrees with ACOEM "EMGs 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." Medical records indicate that radiculopathy has been present; however, the length of time is unclear. An EMG for bilateral lower extremities was previously certified. From the medical records provided, the treating physician does not

document the medical rationale for requesting NCV for lower extremities. The ODG states regarding NCV "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The request for an NCV test of the left lower extremities is not medically necessary or appropriate.