

<b>Case Number:</b>	CM14-0006622		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Physical Medicine & 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 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:

The injured worker is a 52-year-old female who reported an injury after she fell and landed on her knees on 06/16/2010. The injured worker reported ongoing pain in the bilateral knees and shoulders that radiated up her back. The injured worker described her pain as aching, dull, sharp, stabbing, burning, stinging, cramping, shooting and radiating. The injured worker rated her pain 8/10. The injured worker reported pain that was constant and lasted throughout the day, exacerbated by bending, driving, lifting, lying down, pulling, pushing, standing, and stooping. The injured worker reported it was not relieved by anything. The injured worker reported numbness, weakness, locking, and swelling, and difficulty with sleeping due to pain, anxiety, and spasms. The injured worker reported she was able to sit, stand, and walk for 20 to 25 minutes. On physical examination of the neck, back, and extremities, there was moderate effusion of the right knee with crepitus noted. The injured worker had tenderness to palpation in the medial joint line. Trigger points were palpated in the gluteus maximus, quadratus lumborum, and lumbosacral region bilaterally. The injured worker had mild weakness to the left elbow, right elbow, left knee, severe weakness to the right knee and mild weakness to the right ankle. The injured worker had paresthesias to light touch noted in the lateral leg. The injured worker had a positive sacroiliac joint compression test, McMurray's test on the right was positive, Slump test was positive, and she had an antalgic gait on the right. The injured worker's diagnoses were sprains and strains of the lumbar region, lumbar spine neuritis or radiculitis, internal derangement of knee not otherwise specified, current tear of lateral cartilage of meniscus of knee, current tear of medial cartilage of meniscus of knee, bicipital tenosynovitis; impingement, shoulder; rotator cuff syndrome, bursitis, and knee strain. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco. The provider submitted request for 1 electromyography of bilateral

lower extremities and 1 nerve conduction study of the bilateral lower extremities. A request for authorization dated 12/31/2013 was submitted for an EMG and NCS of the bilateral lower extremities; however, a rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One electromyography of bilateral lower extremities between 1/6/2014 and 2/20/2014:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

**Decision rationale:** The request for 1 electromyography of bilateral lower extremities between 01/06/2014 and 02/20/2014 is non-certified. The California MTUS/ACOEM Guidelines recommend the detection of physiologic abnormalities, if no improvement after 1 month; consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The Guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state 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. The injured worker reported pain to her back with numbness, weakness, and she reported pain that radiated. In addition, the injured worker had a positive sacroiliac joint compression test. Per the clinical evidence, radiculopathy is clinically obvious. In addition, there was lack of documentation of conservative therapy. As such, the request for 1 electromyography of bilateral lower extremities between 01/06/2014 and 02/20/2014 is non-certified.

#### **One nerve conduction study of the bilateral lower extremities between 1/6/2014 and 2/20/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

**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, Nerve conduction studies (NCS).

**Decision rationale:** The request for 1 nerve conduction study of the bilateral lower extremities between 01/06/2014 and 02/20/2014 is non-certified. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Per the clinical evidence, radiculopathy is clinically obvious. In addition, there is lack of evidence of the injured worker participating in conservative therapy. In addition, the provider did

not provide the treatment plan for the NCV; furthermore, the provider did not indicate a rationale for the NCS. Therefore, the request for 1 nerve conduction study of the bilateral lower extremities is non-certified.