

<b>Case Number:</b>	CM14-0030352		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 07/08/2009. The mechanism of injury was a slip and fall. The injured worker's diagnoses were bilateral knee pain, right knee medial meniscus tear, lumbago, and left leg sciatica. Past treatments include home exercise program, chiropractic care, physical therapy to her lower extremities, TENS unit, knee sleeve and a left knee cortisone injection on 10/23/2009 as well as participation in a HELP program. The left lower extremity venous study on 04/25/2011 showed a left calf deep vein thrombosis. An electromyogram of the bilateral lower extremities and lumbosacral muscles was performed on 03/16/2010; however, the results were not provided for review. Surgical history included partial medial meniscectomy of the left knee on 09/17/2009 and right knee arthroscopy with partial medial meniscectomy. The injured worker complained of low back pain, left leg pain with numbness, left knee pain, and right knee pain. Physical examination dated 02/18/2014 indicated the left knee had a slight effusion. There was tenderness to palpation at the common peroneal just posterior of the fibula head, with pain that shot down the entire length of the peroneal common nerve. The injured worker was also positive for Tinel's at this area. The injured worker had decreased sensation of the peroneal nerve distribution and there was pain with direct palpation along the lateral joint line. The right knee had slight effusion pain with direct palpation along the medial and lateral joint, positive bounce home test, and positive McMurray's. There was also tenderness with direct palpation of the lumbar spine through the par lumbar muscles with spasming and guarding. Straight leg raise was positive on the left at 80 degrees. She had decreased sensation to her great toe and plantar aspect of her foot. On the right, straight leg raising discomfort was noted at 90 degrees. The injured worker's medications were Ibuprofen, Norco, Oxycodone with Acetaminophen, Lyrica, Naprosyn, Celebrex, and Voltaren Dendracin ointment, and Terocin lotion. The treatment plan for the right knee was to perform a

right knee arthroscopy with partial medial meniscectomy. It was recommended the injured worker undergo a CT scan to ensure that the medial compartment has not loosened. The request is for an electromyogram of the left lower extremity with a nerve conduction velocity of the left lower extremity. Also, an electromyography of the right lower extremity and a nerve conduction velocity of the right lower extremity were requested. The rationale for the request was not provided within documentation. The Request for Authorization form dated 02/21/2013 was provided with the documentation submitted.

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

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

#### **Electromyography (EMG) Left Lower Extremity: 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): 303-305.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, electromyography may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks despite conservative treatment. There was clinical documentation of straight leg raising as positive on the left at 80 degrees with decreased sensation to her great toe and plantar aspect of her foot. There was normal deep tendon reflexes related to L4 and S1, and a positive Kemp's test to the left and to the right. The injured worker was noted to have decreased sensation in the great toe and plantar aspect of the foot; however, the specific foot was not documented to support whether this was of the left or right foot or both. The injured worker was noted to have a positive Tinel's and decreased sensation in the peroneal nerve distribution of the left lower extremity. However, the clinical information provided failed to reveal evidence of possible radiculopathy to support performing the requested EMG. Also, the injured worker is noted to have undergone a prior EMG/NCV; however, those results were not provided and in the absence of those results, it cannot be determined whether the injured worker's findings do or do not correlate with those results. There is also a lack of information regarding recent conservative care. As such, the request for electromyography of the left lower extremity is not medically necessary.

#### **Nerve Conduction Velocity (NCV) 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 (ODG).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction 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. The injured worker had a physical therapy evaluation dated 10/29/2013, but there is lack of documentation or updated information on physical therapy sessions and functional deficits. The injured worker was noted to have decreased sensation in the great toe and plantar aspect of the foot; however, it was not noted which foot this was to support deficits in the left lower extremity. The injured worker had a positive Tinel's and decreased sensation in the peroneal nerve distribution of the left lower extremity which would support neurological deficits; however, the injured worker is noted to have undergone a prior EMG/NCV; however, those results were not provided and in the absence of those results, it cannot be determined whether the injured worker's findings do or do not correlate with those results. There is also a lack of information regarding recent conservative care. As such, the request for the NCV of the left lower extremity is not medically necessary.

#### **Electromyography (EMG) Right Lower Extremity: 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): 303-305.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, electromyography may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks despite conservative treatment. There was clinical documentation of straight leg raising as positive on the left at 80 degrees with decreased sensation to her great toe and plantar aspect of her foot. There was normal deep tendon reflexes related to L4 and S1, and a positive Kemp's test to the left and to the right. The injured worker was noted to have decreased sensation in the great toe and plantar aspect of the foot; however, the specific foot was not documented to support whether this was of the left or right foot or both. The injured worker was noted to have a positive Tinel's and decreased sensation in the peroneal nerve distribution of the left lower extremity. However, the clinical information provided failed to reveal evidence of possible radiculopathy to support performing the requested EMG. Also, the injured worker is noted to have undergone a prior EMG/NCV; however, those results were not provided and in the absence of those results, it cannot be determined whether the injured worker's findings do or do not correlate with those results. There is also a lack of information regarding recent conservative care. As such, the request for the electromyography of the right lower extremity is not medically necessary.

#### **Nerve Conduction Velocity (NCV) Right 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 (ODG) Low Back, Nerve conduction studies.

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction 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. The injured worker had a physical therapy evaluation dated 10/29/2013, but there is lack of documentation or updated information on physical therapy sessions and functional deficits. The injured worker was noted to have decreased sensation in the great toe and plantar aspect of the foot; however, it was not noted which foot this was to support deficits in the left lower extremity. The injured worker had a positive Tinel's and decreased sensation in the peroneal nerve distribution of the left lower extremity which would support neurological deficits; however, the injured worker is noted to have undergone a prior EMG/NCV; however, those results were not provided and in the absence of those results, it cannot be determined whether the injured worker's findings do or do not correlate with those results. There is also a lack of information regarding recent conservative care. As such, the request for the NCV of the right lower extremity is not medically necessary.