

<b>Case Number:</b>	CM14-0042120		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Texas. 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 42 year old female who reported an injury to her low back and to her left calf muscle on 7/22/13. The initial injury occurred on 07/16/13 when she was attempting to make a bed and while squatting down felt a pop at the left knee patella. The injured worker rose up with increased pain. She stated she initially sat down following the incident. The injured worker subsequently underwent shockwave therapy at the left knee with no significant benefit. A clinical note dated 09/20/13 indicated the injured worker complaining of left sided calf muscle pain. The injured worker stated that she was having difficulty with weight bearing, ascending, and descending stairs, or prolonged walking. The injured worker completed six therapeutic sessions with little benefit. The injured worker also reported left upper extremity pain. Upon exam, tenderness was identified at the left medial lower leg and along the medial joint line at the knee. Tenderness was identified at the soleus. The injured worker experienced right sided atrophy at the thigh. The injured worker was recommended for continuation of therapeutic interventions. The MRI of the calf left calf dated 12/02/13 revealed essentially normal findings. A clinical note dated 01/31/14 indicated the injured worker continuing with left lower extremity pain. Physical examination of the lumbar spine revealed tenderness to palpation at the L5-S1 joint space and left and right sacroiliac joints. Radicular pain was identified at the posterior aspect of bilateral lower extremities, left greater than right. Reflexes were decreased at both Achilles. The injured worker was recommended for electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of the bilateral lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic: Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The injured worker complained of left calf pain with associated reflex deficits. The injured worker had lumbar spine involvement as well. Nerve conduction studies are not indicated as there is minimal justification for forming nerve conduction studies when the injured worker is presumed to have symptoms on the basis of radiculopathy. Given the exam clinical findings indicating reflex deficits in the Achilles, the radiculopathy has been established. Therefore, the need for NCS is not medically necessary.

**EMG of the bilateral lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic: EMGs (electromyography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** An EMG (electromyography) is indicated in the lower extremities provided that the injured worker meets specific criteria, including ongoing neurological deficits following the completion of conservative treatments. The injured worker completed a course of physical therapy addressing the lower extremity complaints. Given the ongoing reflex deficits at the Achilles and taking into account previous completion of conservative treatment this request is medically necessary.