

<b>Case Number:</b>	CM14-0195767		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 58-year-old male who reported injury on 03/31/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement with MRI evidence of full thickness supraspinatus tendon tear, status post L4-S1 fusion, status post right shoulder arthroscopic surgery, status post removal of lumbar spine hardware L4-S1, bilateral hip bursitis, internal derangement of the knees bilaterally, grade 3 tear posterior horn of the medial meniscus, status post right knee arthroscopic surgery and bilateral plantar fasciitis. Past medical treatments consist of surgery, therapy and medication therapy. No medications were documented in the report. No pertinent diagnostics were submitted for review. On 09/29/2014, the injured worker complained of lumbar back pain. The injured worker rated the pain an 8/10. Physical examination of the lumbar spine revealed a well healed scar. There was tenderness from the mid to distal lumbar segments. Seated nerve root test was positive. There was pain with terminal motion. There was no clinical evidence of instability. Circulation in the lower extremities was full. Sensation and strength were normal. Physical examination of the knees bilaterally revealed tenderness at the left knee joint line. There was a positive McMurray's sign and positive patellar compression test. Range of motion was terminal on flexion with pain. There was no clinical evidence of instability. Medical treatment plan is for the injured worker to undergo EMG/NCV of the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back- Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, NCV of the lower extremities.

**Decision rationale:** The request for EMG/NCV of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that for EMG/NCV: may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines further states that NCV/EMG is not recommended. There is minimal justification for performing nerve conduction study when a patient is presumed to have symptoms on basis of radiculopathy. The submitted documentation dated 09/29/2014 does not indicate any neurologic deficits pertaining to the injured worker's lumbar spine. The clinical note revealed that the injured worker had a positive seated nerve root test. However, sensation and strength were within normal limits. Furthermore, there was no indication of failure of conservative care treatment. Additionally, the guidelines do not recommend the use of these studies on presumed symptoms of radiculopathy. It was indicated in the report that the injured worker had a diagnosis of lumbar radiculopathy. Given the above, the injured worker is not within guidelines criteria. As such, the request is not medically necessary.