

<b>Case Number:</b>	CM14-0196419		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/13/2007
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/17/2014
<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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 61-year-old female with a 5/13/07 date of injury, when she injured her lower back while lifting heavy merchandise. The patient underwent lumbar fusion on 8/7/13. The patient was seen on 11/7/14 with complaints of bilateral knee and leg pain with frequent numbness and tingling. The patient stated that she gained 20 pounds in the last 2 months and was using a seat walker. The remaining of note was handwritten and somewhat illegible. Exam findings revealed height 5'0" and weight 258 pounds. The diagnosis is knee arthritis syndrome, tenosynovitis of the knee, and lumbar disc protrusion. Treatment to date: lumbar surgery, work restrictions, PT, DME, and medications. An adverse determination was received on 11/17/14 for a lack of documented neurological examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition; California MTUS guidelines, web-based edition [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**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 EMG/NCV).

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient was seen on 11/7/14 with complaints of bilateral knee and leg pain with frequent numbness and tingling. However, the physical examination was not included in the recent progress note. In addition, given that the patient's injury was over seven years ago and that the patient did not report any new trauma, it is not clear why the EMG/NCV were requested. Lastly, there is no clear rationale indicating the necessity for this diagnostic test for the patient. Therefore, the request for EMG/NCV bilateral lower extremities was not medically necessary.