

<b>Case Number:</b>	CM15-0102155		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old male, who sustained an industrial injury on 3/29/11. He has reported initial complaints of low back injury after moving freights on a dock at work. The diagnoses have included lumbar spine strain/sprain, low back pain, lumbar spine disc bulge, and lumbar spine facet arthropathy. Treatment to date has included medications, activity modifications, and diagnostics, left shoulder surgery, pain management, physical therapy, and epidural steroid injection (ESI). Currently, as per the physician progress note dated 4/21/15, the injured worker complains that overall his condition has worsened. He complains of headaches, bilateral shoulder pain, low back pain with limited and painful movements, and right knee pain with limited range of motion. He also reports stress, anxiety, depression and personality changes. The physical exam of the lumbar spine reveals tenderness to palpation in the bilateral L5-S1 level, in the right L5-S1 facet joint, left sciatic notch, left thigh area, left calf area and the plantar surface of the left foot. The range of motion is limited in flexion, extension and lateral flexion. The right knee reveals tenderness to palpation in the patellar tendon and over the joint line, there is crepitus in the patellafemoral joint and extension and flexion are limited. There are no current medications listed. The diagnostic testing that was performed included computerized axial tomography (CT scan) lumbar myelogram dated 1/16/15 reveals no disc bulge or protrusion is noted. The physician notes that he continues to experience symptomology in the bilateral lower extremities including the lumbar spine and right knee. The physician requested treatment included electromyography (EMG) /nerve conduction velocity studies (NCV) bilateral lower extremities to rule our radiculopathy and for diagnostic purposes.

## 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar & Thoracic (Acute & Chronic), Chapter: (Online Version) (EMG and NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines Electrodiagnostic studies (EDS) AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work-related injury in March 2011 and continues to be treated for chronic pain. When seen, he had a worsening of symptoms. Prior testing had included EMG/NCS of the lower extremities in March 2013 showing findings of a probable chronic left L4 radiculopathy. When seen, there was decreased lumbar range of motion with tenderness. There was right L5/S1 facet and left lower extremity tenderness. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.