

<b>Case Number:</b>	CM15-0013468		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50-year-old male, who sustained an industrial injury on May 12, 2014. He reported low back pain and left knee, ankle and foot pain with swelling of the left ankle noted. The injured worker was diagnosed as having left lower extremity neurogenic pain and left lower extremity contusion, rule out nerve compression. Treatment to date has included radiographic imaging, diagnostic studies, injections of the low back, physical therapy, chiropractic care and work restrictions. Currently, the injured worker complains of intermittent severe headaches, constant severe low back pain radiating down the right leg, constant, severe left knee pain and instability, constant severe left lower leg throbbing pain and swelling and constant severe left ankle/foot pain, swelling, numbness and tingling. The injured worker reported an industrial injury in 2014, resulting in the above noted severe pain with associated symptoms. He reported being pinned for several minutes by a heavy load he was unloading off a trailer when a jack malfunctioned. It was noted the chiropractic care and physical therapy provided little benefit. He reported poor sleep and chronic pain requiring medications. Evaluation on February 6, 2015, revealed continued pain. Physical therapy was recommended and medications were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG Right Lower Extremity, NCV Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Low back & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. There is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not certified.

### **EMG Left Lower Extremity, NCV Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition Chapter: Low Back & Thoracic (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not

warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. There is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not certified.