

Case Number:	CM15-0183751		
Date Assigned:	09/24/2015	Date of Injury:	01/30/2000
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 1-30-00. The injured worker is being treated for lumbar degenerative disc disease with facet arthropathy, lumbar spine sprain-strain, right total knee replacement, left knee internal derangement, reactionary depression-anxiety, cervical spine sprain-strain, degeneration facet disease, right shoulder internal derangement and left shoulder internal derangement. Treatment to date has included facet block injections, sacroiliac joint injections, right total knee replacement, right shoulder arthroscopic surgery, oral medications including Percocet, Voltaren, Neurontin, Zofran and Prilosec and activity modifications. (MRI) magnetic resonance imaging of left hip performed on 12-9-14 revealed mild degenerative changes. (EMG) Electromyogram studies of bilateral lower extremities performed on 7-29-15 revealed acute L5 radiculopathy on the left. On 7-1-15, the injured worker complains of continued pain in lower back but is still feeling the effects following the recent bilateral sacroiliac joint injection performed on 6-4-15; she also complains of increased pain in her lower back and states the pain is separate from her pain in her hip; persistent neck pain, ongoing right knee pain (total knee arthroplasty 2-21-13), and pain in right shoulder which has responded to intraarticular corticosteroid injection. She is temporarily totally disabled. Physical exam performed on 7-1-15 revealed tenderness to palpation over the L4-5 region bilaterally, notable tenderness in right low lumbar musculature, decreased range of motion especially on the right and notable tenderness and trigger points in right posterior lumbar musculature; obvious tenderness in the right knee, decreased range of motion of right shoulder with tenderness in the anterior lateral aspect of the shoulder and cervical spine tenderness

in the posterior cervical musculature and in the trapezius muscle. The treatment plan included request for authorization for cervical and lumbar traction, (EMG) Electromyogram studies of lower extremities and refilling of oral medications. A request for (EMG) Electromyogram-(NCV) Nerve Conduction Velocity studies of bilateral lower extremities was non-certified by utilization review on 8-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity, Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under EMGs -electromyography-.

Decision rationale: The patient was injured on 01/30/00 and presents with pain in her lower back, left leg, neck, right knee, and right shoulder. The request is for an Electromyography/Nerve Conduction Velocity, Bilateral Lower Extremities to rule out radiculopathy. The utilization review denial rationale is that "the symptoms are mainly on the left, thus bilateral studies would not be indicated and there are no documented neurological symptoms or examination with findings that would require EDS." The RFA is dated 04/15/15 and the patient is temporarily totally disabled. The patient had a prior EMG of the upper and lower extremities on 01/23/09 and was within normal limits. ODG Guidelines, Low Back chapter, under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, Low Back chapter, under Nerve conduction studies, NCS, states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The 07/29/15 report states that the "patient is having some radicular type symptoms which is progressing into both lower extremities." She has an antalgic gait (favoring the right lower extremity), tenderness in the right low lumbar musculature, a decreased range of motion (especially on the right), trigger points noted in the right posterior lumbar musculature, pain with facet loading in the lower lumbar region, and tenderness to palpation over the L4-5 region. The patient is diagnosed with lumbar degenerative disc disease with facet arthropathy, lumbar spine sprain-strain, right total knee replacement, left knee internal derangement, reactionary depression-anxiety, cervical spine sprain-strain, degeneration facet disease, right shoulder internal derangement and left shoulder internal derangement. The 03/07/14 MRI of the lumbar spine revealed facet hypertrophy at L4-5. The treater is requesting for an EMG/NCV of the lower extremities to rule out radiculopathy. The 04/15/15 report states that the "patient's condition is worsening and now associated with more numbness. She is even fallen on occasion and requires cane to ambulate." Due to the patient's increase in pain/numbness, the request

appears reasonable. The requested EMG/NCV of the bilateral lower extremities IS medically necessary. Note: The patient went ahead without authorization and had the EMG/NCV of the lower extremities on 07/29/15 which revealed an acute left L5 radiculopathy and mild active denervation.