

<b>Case Number:</b>	CM15-0195016		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/09/2006
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Hawaii

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 69 year old male who sustained an industrial injury 10-09-06. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar spine strain and strain, bilateral shoulder and elbow sprain-strain, status post right knee arthroplasty and manipulation under anesthesia, left knee sprain and strain, and bilateral wrist sprain and strain. Medical records (08-28-15) reveal the injured worker complains of low back pain and weakness. The physical exam (08-28-15) reveals the lumbar spine range of motion is diminished in all planes. Prior treatment includes a lumbar epidural steroid injection, right knee replacement and manipulation under anesthesia, oral medications and creams. The original utilization review (09-10-15) non certified the request for electrodiagnostic and nerve conduction studies of the bilateral lower extremities.

### 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:** 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 ODG Online, Low Back Chapter, EMGs (electromyography).

**Decision rationale:** The patient presents with diagnoses that include cervical and lumbar spine sprain and strain, bilateral shoulder and elbow sprain-strain, status post right knee arthroplasty and manipulation under anesthesia, left knee sprain and strain and bilateral wrist sprain and strain. The patient recently complained of low back pain and weakness. The current request is for an EMG/NCV bilateral lower extremities. The treating physician states in the treating report dated 8/28/15 (16B), "order EMG/NCV bilateral lower extremities." ACOEM Guidelines allow for EMG studies to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG states the following regarding EMG studies, "EMGs (electromyography) 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." In this case, the patient is suffering from chronic pain with expressed radicular symptoms. There is no indication that prior EMG/NCV testing has been provided in the recent past. Given the patient's continued complaints of pain and neurological examination findings, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The current request is medically necessary.