

<b>Case Number:</b>	CM15-0197844		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 65 year old female who sustained an industrial injury on 7-1-05. A review of the medical records indicates she is undergoing treatment for thoracic and lumbar spine sprain and strain, bilateral lower extremity radiculopathy, 3 millimeter disc protrusion at L4-L5 with facet osteoarthritis, a history of L5-S1 decompression, status post L4-L5 laminectomy and fusion, right knee sprain secondary to altered gait, right shoulder sprain and impingement, and right elbow olecranon bursitis secondary to overuse. Medical records (7-16-15 to 8-24-15) indicate complaints of swelling of the lower extremities, affecting the right greater than the left, and an inability to extend her big toe on the right foot. She has also complained of pain, numbness and tingling of the right lower extremity. The physical exam (8-24-15) reveals edema in the right lower extremity. Decreased sensation is noted of the right L4-5 and S1 distribution from the lumbar spine extending to the right foot, big toe, and the side of the foot. "Significant" weakness is noted of the right ankle. The remainder of the documented physical exam is illegible. Diagnostic studies have included x-rays and an MRI of the lumbar spine. Treatment has included medications, use of a back brace and aqua physical therapy. Treatment recommendations include decreasing Norco from three times daily to twice daily, a CT scan of the lumbar spine, continue with aqua physical therapy, and obtain an EMG-NCV. The utilization review (9-14-15) includes a request for authorization of electromyography and nerve conduction velocity of the right upper extremity. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand 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) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in July 2005 and underwent a multilevel lumbar laminectomy and fusion in June 2015. When seen, she had right lower extremity swelling with numbness and tingling and was unable to extend her ankle due to dorsiflexion weakness. There was 3/5 ankle evertor strength. She was using a rolling walker. She had attend 3 of 6 aquatic therapy treatments. Physical examination findings included right lower extremity edema with decreased right lower extremity strength and sensation. The assessment references right lower extremity electrodiagnostic testing to further evaluate the claimant's right lower extremity weakness. In July 2015, three weeks after surgery right ankle strength was 0/5. Right upper extremity electrodiagnostic testing was requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. Criteria include that the testing be medically indicated. In this case, the claimant's right ankle strength has actually improved. Additionally, authorization for testing the right upper extremity rather than lower extremity was requested in error. The request is not medically necessary for both of these reasons.