

<b>Case Number:</b>	CM15-0209406		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 60 year old female who sustained an industrial injury November 23, 2011. Past history included status post reverse arthroplasty with irrigation and debridement, status post ankle arthroscopy, status post knee arthroscopy (does not specify left or right). According to a treating physician's office visit notes dated September 14, 2015, the injured worker presented with complaints of doing poorly with continued low back pain with radiation to her leg (unspecified). Physical examination revealed; tenderness of the lumbar spine with positive straight leg raise. The physician documented; x-rays of the lumbar spine (3 views) and thoracic (3 views) show loss of lumbar lordosis (not dated); x-rays of the left knee (3 views) and tibia (2 views) show no progression of degenerative changes (not dated); x-rays of the left foot (3 views) and ankle (3 views) show mild soft tissue swelling (not dated). Diagnosis is documented as disc herniation of the lumbar spine, L5-S1. Treatment plan included a urine toxicology screen, a prescription for Tramadol and at issue, a request for authorization for electromyogram and nerve conduction velocity (EMG-NCV) study of the left lower extremity to assess her pathology. According to utilization review dated September 30, 2015, the request for EMG-NCV left lower extremity is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Left Lower Extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The available medical record notes previous EMG of this extremity (7/15), and does not document the results of that EMG or if it was even conducted. In addition, the treating physician does not document specific lumbar radiculopathy findings, and the reason an EMG is being requested again at this time. Also; as stated in the guideline, NCS is not recommended. As such, the request for EMG/NCV left lower extremity is not medically necessary.