

<b>Case Number:</b>	CM15-0028492		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Internal Medicine

### 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 62-year-old male, with a reported date of injury of 01/23/2009. The diagnoses include lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, rule-out lumbar disc protrusion, bilateral knee pain, bilateral knee sprain/strain, rule-out bilateral knee internal derangement, and status post bilateral knee surgery. Treatments included physical therapy, an MRI of the left knee on 12/08/2014, an MRI of the right knee on 12/08/2014, and an MRI of the lumbar spine on 12/08/2014. The progress report dated 12/05/2014 indicates that the injured worker complained of constant moderate lumbar spine pain. He rated the pain 7 out of 10. The injured worker stated that physical therapy helped decrease the pain and swelling in his knees temporarily. He had completed seventeen physical therapy visits to date. The injured worker also complained of intermittent, moderate bilateral knee pain. The objective findings included decreased and painful lumbar spine range of motion; tenderness to palpation of the lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; positive bilateral sitting straight left raise test; and tenderness to palpation of the bilateral anterior knee, lateral knee, medial knee and posterior knee. The treating physician requested an electromyography / nerve conduction velocity (EMG/NCV) of the bilateral lower extremities. The rationale for the request was not indicated. On 01/23/2015, Utilization Review (UR) denied the request for an EMG/NCV of the bilateral lower extremities, noting that there was no description of lower extremity radiculopathy or neurological deficits. The MTUS Guidelines and the non-MTUS Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS) Work Loss Data Institute. Low back - lumbar & thoracic (acute & chronic). <http://www.guideline.gov/content.aspxid=47586> ACOEM 3rd Edition (2011) Low back disorders <http://www.guideline.gov/content.aspxid=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. ACOEM 3rd Edition states that electro diagnostic studies, which include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Electro diagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. The primary treating physician's progress report dated 12/5/14 did not document neurologic deficits on physical examination. The medical records and clinical practice guidelines do not support the request for EMG electromyography and NCV nerve conduction velocity studies. Therefore, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.