

<b>Case Number:</b>	CM15-0030516		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Preventive Medicine, Occupational 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 45 year old male deputy sheriff, who sustained an industrial injury on July 1, 2011. He has reported bilateral knee pain and right hip pain. The diagnoses have included chondromalacia patellae and lumbar spine strain/sprain. Comorbid conditions include obesity (BMI 37.3). Treatment to date has included medications, physical therapy, and imaging studies. MRI of the right hip showed 30% labral tear. X-rays of the knees and lumbar spine and Lumbar MRI were done but results were not available for review. Initial exam on 4 Nov 2014 showed decreased range of motion to lower back with pain to palpation but normal sensory, motor and reflex exam of the lower extremities. Knee exam was normal except for pain on motion. A progress note dated January 13, 2015 indicates a chief complaint of bilateral knee pain. Physical examination showed tenderness to palpation of the bilateral knees. The treating physician is requesting electromyogram/nerve conduction velocity testing of the lumbar spine and lower extremities. On January 29, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule, California Chronic Pain Medical treatment Guidelines, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for IMR of a request for electromyogram/nerve conduction velocity testing of the lumbar spine and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EMG/NCV of The Lumbar Spine and Bilateral Lower Extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

**Decision rationale:** Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has not been given a diagnosis that would suggest a need for this test but the non-specific nature of the pain pattern and examination does imply a subtle focal neurologic deficit may be present. Medical necessity for this procedure has been established.