

<b>Case Number:</b>	CM15-0036921		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: 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 31 year old female, who sustained an industrial injury on November 4, 2009. The diagnoses have included bilateral knee contusion, lumbar spine strain, and sleep disorder. Treatment to date has included left knee surgery on February 3, 2014, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of left knee pain and lumbar spine pain with numbness and tingling of the right leg, and weakness in bilateral legs. The Primary Treating Physician's report dated February 12, 2015, noted the injured worker reporting physical therapy had helped to decrease her pain. Tenderness was noted to the lumbar and lumbar-sacral bilaterally. On February 23, 2015, Utilization Review non-certified an electromyography (EMG)/nerve conduction study (NCS) of the lumbar spine, noting that since a lower extremities study was already certified, a repeat examination for the lumbar did not appear to be medically necessary. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On February 26, 2015, the injured worker submitted an application for IMR for review of an electromyography (EMG)/nerve conduction study (NCS) of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, Electrodiagnostics, page 309.

**Decision rationale:** Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. Electrodiagnostic studies for 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.) may be appropriate; however, submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest peripheral neuropathy, or entrapment syndrome, but only with continued chronic lumbar radicular pain. The NCV is not medically necessary and appropriate. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated correlating myotomal and dermatomal neurological deficits to support for the study; however, it appears, the EMG/NCS of the lower extremity has been concurrently certified for this patient with history of diabetes and hypertension in peer review to support for the additional EMG/NCS of lumbar spine. The EMG/NCS of lumbar spine is not medically necessary and appropriate.