Case Number:	CM15-0041370		
Date Assigned:	03/11/2015	**Date of Injury:**	11/12/2009
Decision Date:	04/20/2015	**UR Denial Date:**	02/10/2015
Priority:	Standard	**Application Received:**	03/04/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 56 year old female, who sustained an industrial injury on November 12, 2009. She reported pain in her low back, hips and both knees. The injured worker was diagnosed as having cervical sprain/strain, shoulder sprain/strain, wrist/hand tendinitis/bursitis, lower back sprain/strain, hip sprain/strain, knee sprain/strain, ankle sprain/strain, cervical radiculopathy and lumbosacral radiculopathy. Treatment to date has included diagnostics studies, surgery, physical therapy, medications, acupuncture, chiropractic treatment, home exercises and cane/walker. On January 21, 2015, the injured worker complained of pain in the cervical spine, thoracolumbar spine, bilateral hips, bilateral knees and bilateral feet and ankles. She noted popping, clicking and grinding with knee motion. She has locking and giving way. She reported difficulty standing, walking, squatting, kneeling, weight bearing and using stairs. She walks with an uneven gait and uses a cane/walker for ambulatory assistance. Treatment included medications and evaluation for spinal cord stimulation. She reported that she is undergoing additional testing and evaluation by a neurologist.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: EMGs (electromyography) are 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. 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. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case the patient has a known lumbar radiculopathy. In addition the patient had EMG studies performed in November 2013. EMG/NCV studies are not recommended. The request should not be authorized.