

<b>Case Number:</b>	CM15-0052645		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Texas, Illinois

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 61 year old female, who sustained an industrial injury on 12/10/2009. Diagnoses include lumbar radiculopathy, lumbar sprain/strain, right knee chondromalacia, left knee chondromalacia, right ankle and foot joint pain and right ankle/foot difficulty walking. Diagnostics included EMG (electromyography) (8/14/2013). Treatments include pain management and medications. Per the Primary Treating Physician's Progress Report dated 2/24/2015, the injured worker reported occasional moderate achy low back pain, constant moderate achy right and left knee pain, and frequent moderate achy right foot pain. Physical examination revealed restricted lumbar spine range of motion. There was tenderness to palpation of the lumbar paravertebral muscles with muscle spasm. Straight leg raise test was positive. There was tenderness to palpation of the anterior, lateral, medial and posterior areas of the bilateral knees. There was present muscle spasm and McMurray's sign was negative bilaterally. Flexion was 130 degrees and extension was 0 degrees on both knees. Right foot exam revealed normal range of motion and tenderness to palpation of the Calcaneus Dome and Dome of Talus. Tinel's was negative. The plan of care included, and authorization was requested, for acupuncture (8 sessions), medications, and magnetic resonance imaging (MRI) and EMG (electromyography) /NCV (nerve conduction studies) for the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) Nerve conduction velocity (NCV) for the right lower extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The injured worker sustained a work related injury on 12/10/2009. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar sprain/strain, right knee chondromalacia, left knee chondromalacia, right ankle and foot joint pain and right ankle/foot difficulty walking. Diagnostics included EMG (electromyography) (8/14/2013). Treatments include pain management and medications. The medical records provided for review do not indicate a medical necessity for Electromyograph (EMG) Nerve conduction velocity (NCV) for the right lower extremity. The records indicate the injured worker has positive straight leg raise; had EMG/NCV in 2010 and 2013, the 2013 examination revealed S1 radiculopathy. The MTUS recommends against ordering electrodiagnostic studies (EMG or NCV) when the physical examination or imaging shows presence of radiculopathy. Additionally, since the EMG/NCV of 2013 revealed radiculopathy, there is no additional benefit in ordering a new test. The request is not medically necessary.