

<b>Case Number:</b>	CM14-0176189		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66 year old female with an injury date on 07/18/2013. Based on the 09/08/2014 illegible hand written progress report provided by the treating physician, the diagnoses are: L/S-radicu, right shoulder, bilateral knee- right tri compartment, ankle/feet/heel, P.A., DM, insomnia, and HTN. According to this report, the patient complains of low back pain, right shoulder pain at 2/10, bilateral knee/ankle/ feet pain at 2/10. Physical exam reveals positive straight leg raise. The 08/28/2014 report indicates the patient "cannot heel and toe walk. Unable to squat." Lumbar range of motion is limited. Tenderness and spasm are noted at the lumbar spine with pain on extension and flexion. Motor strength of the lower extremities indicates a 4/5 at the ankle dorsiflexion (DF) and extensor hallucis longus (EHL), bilaterally. Decreased sensation is noted at L4 (medial leg/foot) dermatomes, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 10/08/2014. The requesting provider provided treatment reports from 05/05/2014 to 10/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG)/nerve conduction velocity (NCV) of the left lower extremity:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the 09/08/2014 report, this patient presents with low back pain, right shoulder pain at 2/10, bilateral knee/ankle/ feet pain at 2/10. The current request is for EMG / NCV of the left lower extremity as an outpatient but the treating physician's report and request for authorization containing the request is not included in the file. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. Review of reports does not show any evidence of prior EMG/NCV studies. In this case, the treating physician has documented clinical findings that could indicate a left lower extremity radiculopathy and the ODG guidelines support electrodiagnostic testing to rule out radiculopathy, lumbar plexopathy and peripheral neuropathy. The request is medically necessary.