

<b>Case Number:</b>	CM14-0109491		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46-year-old male, who sustained an industrial injury on 04/27/2012. He was diagnosed with 4 rib fractures of the left side, lung bruising, heart compression that caused elevated enzymes, laceration of both legs, left meniscal tears, left fibular fracture, damage to the left ankle and neck and back injuries due to crushing contusion. Treatment to date has included x-rays, medications, psychiatric evaluation, skin debridement, wound care, chiropractic care, acupuncture, MRI of the left knee and left knee surgery. According to a progress report dated 06/09/2014, the injured worker complained of pain in the neck, low back, ankle and between his shoulder blades. Pain was rated 9 on a scale of 1-10. Nightmare issues continued. Sleep issues were causing anger issues. There was no suicidal ideation. Headaches and memory issues continued. Tramadol was helpful during the day. He was having issues with activities of daily living such as mowing lawn and yard work. Ibuprofen improved pain. There were no side effects with Ibuprofen when he took Omeprazole. TENS helped to control the pain. The injured worker received a cortisone injection from the podiatrist and wished to pursue an epidural injection. Objective findings included tenderness to palpation, abnormal reflexes, limited range of motion in the shoulder, tenderness to palpation in the cervical/lumbar, right lower extremity decreased sensation, no suicidal ideation, left shoulder crepitus, no redness at injection site and decreased left toe lift. Diagnoses included cervical degenerative disc disease with cervical radiculopathy, lumbar degenerative disc disease, left/right knee, left ankle, right thigh posttraumatic hematoma, left shoulder sprain/strain, right shoulder tear, low testosterone, poor coping/sleep issues, change in SF, right knee patellofemoral arthritis, MCL scarring, cervical

sprain/strain, lumbar sprain/strain and ankle sprain. Treatment plan included EMG/NCV (electromyography/nerve conduction velocity studies). According to an electrodiagnostic consultation dated 06/19/2014, the injured worker complained of low back pain and bilateral lower extremity pain. He was able to demonstrate at least 4/5 strength bilaterally in the lower extremities. Electrodiagnostic testing showed evidence that would be most consistent with bilateral lumbar radiculopathy involving the L5 nerve roots. It appeared to be at least subacute or longer in duration. The possibility of an acute overlay could not be excluded. Currently under review is the request for NCV/EMG of the lower extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NCV/EMG of the Lower Extremities:** Overturned

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

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

**Decision rationale:** NCV/EMG of the Lower Extremities is medically necessary per the MTUS Guidelines. The MTUS states that 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. The documentation indicates that the patient has low back pain and ankle pain. There is decreased sensation in the right lower leg and decreased left toe lift. These are signs of focal neurologic dysfunction and therefore a NCS/EMG is medically necessary.