

<b>Case Number:</b>	CM15-0002621		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/18/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, Ohio, California

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 18, 2014. In a Utilization Review Report dated December 23, 2014, the claims administrator apparently partially approved a request for electrodiagnostic testing of the bilateral lower extremities as EMG-NCS testing of the right lower extremity alone. The claims administrator referenced an RFA form received on December 18, 2014 in its determination. The applicant's attorney subsequently appealed. In a May 23, 2014 progress note, the applicant reported complaints of knee and ankle pain reportedly associated with a trip and fall contusion injury. The applicant was asked to employ Tylenol with Codeine and naproxen as of that point in time. In a December 2, 2014 Medical-legal Evaluation, the applicant was described as having ancillary issues with diabetes, asthma, and allergies. The applicant was on Norco, naproxen, and an inhaler for asthma. There was no mention of the applicant's using medications for diabetes. The applicant did report complaints of right knee pain, ankle pain, foot pain, numbness about the right toe. Weakness was apparently evident about the right lower extremity. It was suggested (but not clearly stated) that the applicant was working with a different employer. On October 15, 2014, the applicant reported persistent complaints of right knee, right ankle, and right hip pain. The applicant was using Norco for pain relief. The applicant had completed 12 recent sessions of physical therapy. The applicant was given diagnosis of right ankle sprain, right knee chondromalacia patella, right leg iliotibial band syndrome, and right hip greater trochanteric bursitis. Physical therapy was again endorsed. An electrodiagnostic testing report dated November 17, 2014 was notable for comments that the

applicant did not have evidence of either a lumbar radiculopathy or peripheral neuropathy effecting the lower limbs. The applicant again reported complaints of low back pain radiating into the right leg on that occasion.

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

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

**EMG/ NCS bilateral lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 272, 309.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend needle EMG testing to clarify diagnosis of nerve root dysfunction, this recommendation is, however, qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed not recommended. Here, all of the applicant's symptoms, per both the primary treating provider and a medical-legal evaluator, are confined to the symptomatic right lower extremity. There was/is no mention of the applicant's having any symptoms of left lower extremity paresthesias. The electrodiagnostician, it is incidentally noted, reported on November 17, 2014 that the applicant's lower extremity paresthesias were confined to the right lower extremity. Since the request for EMG-NCS testing of the bilateral lower extremities, by definition, included testing of the asymptomatic left lower extremity, the request cannot, thus, be supported as written as it runs counter to the principles espoused in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.