MAXIMUS Federal Services

| Case Number: | CM15-0173939 | | |
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| Date Assigned: | 09/15/2015 | Date of Injury: | 09/24/2009 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

## 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:

This injured worker is a 69 year old male, who sustained an industrial injury on 09-24-2009. The injured worker was diagnosed as having pain in the joint of lower leg, lumbago, sciatica and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. The medical records of 07-27-2015 noted the injured worker complained of lower back, left knee and right knee pain. The objective findings were noted as lumbar spine revealing loss of normal lordosis with straightening of the lumbar spine and surgical scars and a restricted range of motion. The spinous process noted tenderness at L4-L5 with a positive lumbar facet loading on both sides, straight leg test was positive on both as sides as well. Tenderness over the sacroiliac spine was noted as well. Knees were noted as having a restricted range of motion and tenderness to palpation over the lateral joint line and medial joint line. The injured worker was noted to be working on modified duty. Treatment to date included medication, psychology testing, laboratory studies, acupuncture, TENS unit, Cortisone injection in bilateral knees, physical therapy and MRI of the spine. The injured worker was not currently taking any medication per 07-27-2015 medical record. The Utilization Review (UR) was dated 08-20-2015. The UR submitted for this medical review indicated that the request for one electromyography and nerve conduction study of the bilateral lower extremities was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One electromyography and nerve conduction study of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition 2015 Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)Nerve conduction studies (NCS)EMGs (electromyography).

**Decision rationale:** The injured worker sustained a work related injury on 09-24-2009. The injured worker was diagnosed as having pain in the joint of lower leg, lumbago, sciatica and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. On medical records dated 07-27-2015, the injured worker complained about lower back, left knee and right knee pain. Treatments have included medication, psychology testing, laboratory studies, acupuncture, TENS unit, Cortisone injection in bilateral knees, physical therapy. The medical records provided for review do not indicate a medical necessity for One electromyography and nerve conduction study of the bilateral lower extremities. The MTUS recommends that physiologic evidence of nerve dysfunction, like electromyography should be done when the neurologic examination is not clear. The medical records indicate the medical examination noted positive straight leg raise, inability to walk on toes and heels, sensory abnormalities, all indicative of unequivocal neurological disorder. The Official Disability Guidelines recommends against lower extremity nerve conduction studies on the basis of radiculopathy. Additionally, the Official Disability Guidelines does not recommend Electromyography if radiculopathy is already clinically obvious.