

<b>Case Number:</b>	CM15-0061992		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/14/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 25 year old female, who sustained an industrial injury on 06/14/2009. She reported injuries to her neck, back, left hip, left knee, and left upper extremity. The injured worker is currently diagnosed as having cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis, lumbar musculoligamentous sprain/strain with left lower extremity radiculitis, bilateral sacroiliac joint sprain/strain, left shoulder sprain, chronic left wrist pain with deQuervain's tenosynovitis and carpal tunnel syndrome, left hip sprain/strain, left knee surgeries, and chronic right knee sprain. Treatment to date has included MRI scan studies to his neck, left shoulder, lower back, and left knee, physical therapy, aqua therapy, left knee arthroscopy, left knee brace, and medications. In a progress note dated 02/24/2015, the injured worker presented with complaints of bilateral knee pain, left hip pain, left wrist/hand pain, neck pain radiating to the left upper extremity with numbness and tingling to the hand, left shoulder pain, and mild low back pain radiating to the left lower extremity. The treating physician reported requesting authorization for neuro-diagnostic studies of the lumbar spine and left lower extremity to rule out lumbar radiculopathy versus peripheral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG)/Nerve Conduction Studies (NCS) of the lumbar spine and left lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (May 2009).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, Nerve conduction studies (NCS), Electrodiagnostic studies (EDS).

**Decision rationale:** This patient presents with neck, left shoulder, low back and left knee pain following a fall on 10/04/09. The current request is for ELECTROMYOGRAPHY (EMG) NERVE CONDUCTION STUDIES (NCS) OF THE LUMBAR SPINE AND LEFT LOWER EXTREMITY. The Request for Authorization is not provided in the medical file. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The patient presents with low back pain with radiation of pain, numbness and tingling along the left lower extremity into the foot. Physical examination revealed decreased sensation over the left lower extremity. There is no indication that prior EMG/NCV testing has been provided. In this case, the patient has continued complaints of low back pain with radicular components, and further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCS IS medically necessary.