

<b>Case Number:</b>	CM15-0094791		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/30/2000
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial injury on 01/30/2000. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbar degenerative disc disease with facet arthropathy, lumbar spine sprain/strain syndrome, right total knee replacement, right knee total knee arthroplasty revision, left knee internal derangement, reactionary depression/anxiety, cervical spine sprain/strain syndrome, degeneration facet disease, right shoulder internal derangement status post arthroscopic surgery, left shoulder internal derangement, and medication induced gastritis/nausea. Treatment and diagnostics to date has included left hip MRI which showed reduced joint space and small bone island, lumbar spine MRI showed facet arthropathy without significant narrowing, cervical spine MRI showed disc protrusions with mild stenosis, right shoulder MRI showed marked tendinopathy with a partial supraspinatus tendon tear, left shoulder MRI showed acromioclavicular joint arthropathy and tendinopathy with a small partial surface tear, lumbar facet injections, trigger point injections, right knee surgeries, physical therapy, and medications. In a progress note dated 03/27/2015, the injured worker presented with complaints of increased pain in her left hip and lower back with persistent neck, right knee, and right shoulder pain. Objective findings include a stiff, antalgic gait favoring the right lower extremity, lumbar tenderness with decreased range of motion, positive Faber's maneuver on the left hip, and tenderness to the right knee, right shoulder, and cervical spine. The treating physician reported requesting authorization for electromyography/nerve conduction velocity studies for the bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had a normal EMG in 2009 of the lower extremities. Prior MRI of the lumbar spine in Mar 2014 did not indicated nerve root compromise. Physical findings are consistent with avascular necrosis of the hip. There are no abnormal neurological findings. The request for an EMG/NCV is not medically necessary.