

<b>Case Number:</b>	CM15-0097146		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 59 year old male, who sustained an industrial injury on 8/9/2012. He reported injury from a trip and fall. The injured worker was diagnosed as having right knee surgery, cervical sprain/strain, cervical myofascitis with disc protrusion, lumbosacral sprain/strain, lumbar muscle spasm, lumbar disc protrusion, lumbar spondylosis, left knee sprain/strain and left knee meniscus tear with anterior cruciate ligament tear. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, epidural steroid injection and medication management. In a progress note dated 4/27/2015, the injured worker complains of neck pain rated 4/5 and bilateral shoulder pain rated 7/10. The injured worker also noted low back pain rated 4/10 and bilateral knee pain rated 8/10. Physical examination showed range of motion of the neck, lumbar spine and bilateral knees to be decreased and painful. The treating physician is requesting electromyography (EMG) /nerve conduction study/nerve conduction study (NCS) of 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 lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): Chapter 12, "Low Back Complaints", Table 12-8, page 309.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for Electrodiagnostics has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, peripheral neuropathy, or entrapment syndrome, only with continued chronic pain with exam findings of limited range without consistent myotomal and dermatomal neurological deficits. Additionally, there is minimal justification for performing nerve conduction studies (NCV) when a patient is presumed to have symptoms on the basis of radiculopathy. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCV of lower extremities is not medically necessary and appropriate.