Case Number:	CM13-0035844		
Date Assigned:	12/13/2013	**Date of Injury:**	04/05/2010
Decision Date:	02/20/2014	**UR Denial Date:**	09/23/2013
Priority:	Standard	**Application Received:**	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old female who indicated that sometime in 2006, during the course of her usual and customary work duties, she developed the onset of pain in her low back after lifting boxes of books, which weighed up to 80 lbs. She states that sometime in late 2008, during the course of her usual and customary work duties, she developed the onset of pain in her Left knee, which she attributes to the heavy lifting and prolonged standing while sorting books at a conveyor line, as well as the repetitive squatting while shrink wrapping pallets, in addition to lifting and carrying boxes of books weighing up to 80+lbs. That same year, she was walking through the parking lot and slipped, falling forward onto her Left side and onto her Left knee. She noted an immediate onset of pain over the Left foot and ankle, as well as in the Left knee. Sometime in 2009, she developed the onset of pain in her Left shoulder, as well as both hands and wrists, which she attributes to the heavy lifting, frequent reaching, and pushing; pulling and lifting of various sizes of books onto the machine, as well as stacking pallets. On April 5, 2010, during the course of her usual and customary work duties, she began disassembling and assembling pallets repetitively throughout the day when she noted a sharp pain in the low back. She continues to have persistent pain in her low back, left shoulder, left wrist and left knee. She also complains of cervical spine pain, migraine headaches and sleep difficulties. Diagnoses: 1. Lumbar spine pain with degenerative disc disease and possible lumbar radiculopathy 2. Left shoulder subacromial impingement syndrome with possible rotator cuff tear 3. Rule out medial and lateral meniscal tears, left knee 4. Rule out bilateral carpal tunnel syndrome 5. Rule out internal derangement of both wrists 6. Right shoulder pain 7. Cervical/thoracic pain 8. Abdominal pain 9. Anxiety 10. Depression 11. Sleep difficulty In the RFA dated 11/19/2013 from

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178.

Decision rationale: The Physician Reviewer's decision rationale: According to Occupational Medicine Practice Guidelines, page 178, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. According to [redacted], a neurosurgeon medical report a diagnosis of Cervicalgia with upper extremity non-verifiable radicular complaints and Low back pain with lower extremity radicular complaints. [redacted] requested for EMG studies of bilateral Upper and lower extremities to help identify any potential subclinical radiculopathy. In this case the UR reviewer did not include rationale for denial of EMG and NCV requests. The primary treating physician's report included findings of complaints and abnormalities in the lower extremities suggesting neurologic damage, therefore there is basis for these studies to delineate the etiology of specific complaints in this case. This reviewer believes that request for EMG was appropriate and the studies medically necessary based on the facts presented above.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178.

Decision rationale: The Physician Reviewer's decision rationale: According to Occupational Medicine Practice Guidelines, page 178, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. According to [redacted], a neurosurgeon medical report a diagnosis of Cervicalgia with upper extremity non-verifiable radicular complaints and Low back pain with lower extremity radicular complaints. [redacted] requested for EMG studies of bilateral Upper and lower extremities to help identify any potential subclinical radiculopathy. In this case the UR reviewer did not include rationale for denial of EMG and NCV requests. The primary treating physician's report included findings of complaints and abnormalities in the lower extremities suggesting neurologic damage, therefore there is basis for these studies to delineate the etiology of specific complaints in this case. This reviewer believes that the request for NVC studies was appropriate and the studies were medically necessary based on the facts presented above.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178.

Decision rationale: The Physician Reviewer's decision rationale: According to Occupational Medicine Practice Guidelines, page 178, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve

impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. According to [redacted], a neurosurgeon medical report a diagnosis of Cervicalgia with upper extremity non-verifiable radicular complaints and Low back pain with lower extremity radicular complaints. [redacted] requested for EMG studies of bilateral Upper and lower extremities to help identify any potential subclinical radiculopathy. In this case the UR reviewer did not include rationale for denial of EMG and NCV requests. The primary treating physician's report included findings of complaints and abnormalities in the lower extremities suggesting neurologic damage, therefore there is basis for these studies to delineate the etiology of specific complaints in this case. This reviewer believes that request for NVC studies was appropriate and the studies were medically necessary based on the facts presented above.

EMG right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

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Decision rationale: The Physician Reviewer's decision rationale: According to Occupational Medicine Practice Guidelines, page 178, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. According to [redacted], a neurosurgeon medical report a diagnosis of Cervicalgia with upper extremity non-verifiable radicular complaints and Low back pain with lower extremity radicular complaints. [redacted] requested for EMG studies of bilateral Upper and lower extremities to help identify any potential subclinical radiculopathy. In this case the UR reviewer did not include rationale for denial of EMG and NCV requests. The primary treating physician's report included findings

of complaints and abnormalities in the lower extremities suggesting neurologic damage, therefore there is basis for these studies to delineate the etiology of specific complaints in this case. This reviewer believes that request for EMG studies was appropriate and that the studies were medically necessary based on the facts presented above.