

<b>Case Number:</b>	CM13-0037188		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Preventive Medicine, 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 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/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:

According to the records made available for review, this is a 39-year-old male with a 2/8/12 date of injury. At the time (9/19/13) of the Decision for EMG lower right extremity, NCS lower left extremity, NCS lower right extremity, and EMG lower left extremity, there is documentation of subjective (severe headache and neck pain) and objective (tenderness to palpation along the supraspinatus, upper trapezius, acromion joint, and nuchal ridge in the distribution of the bilateral greater occipital nerves) findings, current diagnoses (cervical facet syndrome, cervical pain, myalgia and myositis, and post-concussion syndrome), and treatment to date (medication, physical therapy, and home exercise program). There is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG LOWER RIGHT EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome, cervical pain, myalgia and myositis, and post-concussion syndrome. In addition, there is documentation of conservative therapy (medication, physical therapy, and home exercise program). However, given documentation of subjective (severe headache and neck pain) and objective (tenderness to palpation along the supraspinatus, upper trapezius, acromion joint, and nuchal ridge in the distribution of the bilateral greater occipital nerves) findings, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG lower right extremity is not medically necessary.

**NCS LOWER LEFT 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, Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome, cervical pain, myalgia and myositis, and post-concussion syndrome. In addition, there is documentation of conservative therapy (medication, physical therapy, and home exercise program). However, given documentation of subjective (severe headache and neck pain) and objective (tenderness to palpation along the supraspinatus, upper trapezius, acromion joint, and nuchal ridge in the distribution of the bilateral greater occipital nerves) findings, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy. In addition, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis

of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCS lower left extremity is not medically necessary.

**NCS LOWER RIGHT 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, Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome, cervical pain, myalgia and myositis, and post-concussion syndrome. In addition, there is documentation of conservative therapy (medication, physical therapy, and home exercise program). However, given documentation of subjective (severe headache and neck pain) and objective (tenderness to palpation along the supraspinatus, upper trapezius, acromion joint, and nuchal ridge in the distribution of the bilateral greater occipital nerves) findings, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy. In addition, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCS lower right extremity is not medically necessary.

**EMG LOWER LEFT EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as

criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome, cervical pain, myalgia and myositis, and post-concussion syndrome. In addition, there is documentation of conservative therapy (medication, physical therapy, and home exercise program). However, given documentation of subjective (severe headache and neck pain) and objective (tenderness to palpation along the supraspinatus, upper trapezius, acromion joint, and nuchal ridge in the distribution of the bilateral greater occipital nerves) findings, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG lower left extremity is not medically necessary.