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| **Case Number:** | CM13-0037916 | | |
| **Date Assigned:** | 12/18/2013 | **Date of Injury:** | 02/27/2013 |
| **Decision Date:** | 03/17/2014 | **UR Denial Date:** | 10/17/2013 |
| **Priority:** | Standard | **Application Received:** | 10/23/2013 |

## 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 31-year-old female with a 2/27/13 date of injury. At the time of request for authorization for EMG of upper extremities, EMG of lower extremities, NCV of upper extremities, NCV of lower extremities, and acupuncture, 12 visits, there is documentation of subjective (pain, numbness and tingling of the entire left upper extremity, including shoulder, elbow and wrist areas, with pain radiating to the left side of the neck and left upper back in the area of the shoulder blade, and pain and tingling of the left lower leg, ankle, and foot) and objective (positive Phalen's and Tinel's tests of the left wrist and 4/5 strength of the left wrist extensors) findings, electrodiagnostic study (EMG/NCV of the upper and lower extremities (4/9/13) report revealed normal findings), current diagnoses (shoulder arthralgia, electrocution and nonfatal effects of electric current (upper and lower extremities), and peripheral neuropathy, unspecified (upper and lower extremities)), and treatment to date (PT, acupuncture x1session, hold/cold unit, medication, ice therapy, and HEP). Regarding the EMG and NCV of upper extremities, there is no documentation of an interval injury or progressive neurologic findings to substantiate the medical necessity of a repeat study. Regarding the EMG and NCV of lower extremities, there is no documentation of objective findings in the lower extremities consistent with radiculopathy/nerve entrapment and an interval injury or progressive neurologic findings to substantiate the medical necessity of a repeat study. Regarding the acupuncture, 12 visits, and the proposed number of treatments exceeds acupuncture guidelines (for an initial trial).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 33, 177.

**Decision rationale:** MTUS reference to ACOEM recommend EMG/NCS if cervical radiculopathy is suspected as a cause of lateral arm pain, or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. In addition, MTUS reference to ACOEM does not recommend EMG/NCV before conservative treatment. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Within the medical information available for review, there is documentation of diagnoses including shoulder arthralgia, electrocution and nonfatal effects of electric current (upper and lower extremities), and peripheral neuropathy, unspecified (upper and lower extremities). In addition, there is documentation of subjective (pain, numbness and tingling of the entire left upper extremity, including shoulder, elbow and wrist areas, with pain radiating to the left side of the neck and left upper back in the area of the shoulder blade) and objective (positive Phalen's and Tinel's tests of the left wrist and 4/5 strength of the left wrist extensors) findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (medication, HEP, ice therapy, PT, hold/cold therapy), that does not represent new or progressive neurological findings since a previous EMG/NCV study of the upper extremities (4/9/13). Therefore, based on guidelines and a review of the evidence, the request for EMG of upper extremities is not medically necessary.

**EMG of lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation EMG of lower extremities

**Decision rationale:** MTUS reference to ACOEM support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. ODG states that electrodiagnostic studies are recommended (needle, not surface). Nerve conduction studies (NCS) are not recommended 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 including shoulder arthralgia, electrocution and nonfatal effects of electric current (upper and lower extremities), and peripheral neuropathy, unspecified (upper and lower extremities). In addition, there is documentation of subjective (pain and tingling of the left lower leg, ankle and foot) findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (medication, HEP, ice therapy, PT, hold/cold therapy), that does not represent new or progressive neurological findings since a previous EMG/NCV study of the lower extremities (4/9/13).

Therefore, based on guidelines and a review of the evidence, the request for EMG of lower extremities is not medically necessary.

**NCV of upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 33,176.

**Decision rationale:** MTUS reference to ACOEM recommend EMG/NCS if cervical radiculopathy is suspected as a cause of lateral arm pain, or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. In addition, MTUS reference to ACOEM does not recommend EMG/NCV before conservative treatment. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Within the medical information available for review, there is documentation of diagnoses including shoulder arthralgia, electrocution and nonfatal effects of electric current (upper and lower extremities), and peripheral neuropathy, unspecified (upper and lower extremities). In addition, there is documentation of subjective (pain, numbness and tingling of the entire left upper extremity, including shoulder, elbow and wrist areas, with pain radiating to the left side of the neck and left upper back in the area of the shoulder blade) and objective (positive Phalen's and Tinel's tests of the left wrist and 4/5 strength of the left wrist extensors) findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (medication, HEP, ice therapy, PT, hold/cold therapy), that does not represent new or progressive neurological findings since a previous EMG/NCV study of the upper extremities (4/9/13). Therefore, based on guidelines and a review of the evidence, the request for NCV of upper extremities is not medically necessary.

**NCV of lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 Chapter, Electromyography.

**Decision rationale:** MTUS reference to ACOEM support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. ODG states that electrodiagnostic studies are recommended (needle, not surface). Nerve conduction studies (NCS) are not recommended 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 including shoulder arthralgia, electrocution and nonfatal effects of electric current (upper and lower extremities), and peripheral neuropathy, unspecified (upper and lower extremities). In addition, there is documentation of subjective (pain and tingling of the left lower leg, ankle and foot) findings

consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (medication, HEP, ice therapy, PT, hold/cold therapy), that does not represent new or progressive neurological findings since a previous EMG/NCV study of the lower extremities (4/9/13). Therefore, based on guidelines and a review of the evidence, the request for NCV of lower extremities is not medically necessary.

**Acupuncture, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses including shoulder arthralgia, electrocution and nonfatal effects of electric current (upper and lower extremities), and peripheral neuropathy, unspecified (upper and lower extremities). In addition, there is documentation of objective functional deficits and functional goals. However, the proposed number of treatments exceeds acupuncture guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for acupuncture, 12 visits is not medically necessary.