

<b>Case Number:</b>	CM13-0050660		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Therapy and 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 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:

This 42 year-old female waitress sustained an injury on 4/6/13 while employed by [REDACTED]. Requests under consideration include EMG RIGHT LOWER EXTREMITY and NCV RIGHT LOWER EXTREMITY. There is a report for EMG/NCV of the lower extremities already completed on 6/4/13 with impression of normal study. Report of 10/11/13 from the provider noted patient with complaints of radiating back pain with numbness and tingling. MRI on 10/7/13 noted 4 mm disc protrusion with mild spinal stenosis. Diagnoses include disc disease with radiculopathy. Treatment plan included repeating of electrodiagnostic study. The patient remained temporarily total disabled. AME report of 10/7/13 noted patient with cervical spine, right shoulder, right hand/wrist, thoracic spine, and lower back pain. Current medication list Tylenol. Exam showed cervical spine pain at terminal range; tenderness at trapezius; negative provocative testing of Spurling's and Adson's; mild limitation in right shoulder range; positive tenderness, Hawkin's and Neer's; non-antalgic gait; heel and toe walking without difficulty; muscle guarding and spasm; positive SLR at 65 degrees on right; pain at terminal range; 5/5 motor strength throughout upper and lower extremity muscles; intact sensation. Diagnoses include lumbar spine sprain, rule out radiculopathy; cervicothoracic strain rule out radiculopathy, right shoulder impingement rule out rotator tear and rule out right wrist intracarpal ligament tear. Recommendation include reviewing MRIs and EMG/NCV. Request for EMG/NCS of right lower extremity was non-certified on 10/25/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG RIGHT LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

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

**Decision rationale:** MTUS ACOEM Guidelines indicate that Nerve Conduction Studies (NCS) are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, guidelines state that Electrodiagnostic studies to include needle EMG are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in mild stenosis; the clinical exam does not demonstrate any neurological deficits with intact DTRs, sensation, 5/5 motor strength per AME report. Additionally, the patient has unchanged symptoms and clinical findings without acute flare-up or new injuries to support repeating a study recently performed few months prior with normal impression. The EMG RIGHT LOWER EXTREMITY is not medically necessary and appropriate.

**NCV RIGHT LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), LOW BACK CHAPTER, NERVE CONDUCTION STUDIES (NCS).

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

**Decision rationale:** MTUS ACOEM Guidelines indicate that NCS are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, guidelines state that Electrodiagnostic studies to include needle EMG are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in mild stenosis; however, clinical exam does not demonstrate any neurological deficits with intact DTRs, sensation, 5/5 motor strength per AME report. Additionally, the patient has unchanged symptoms and clinical findings without acute flare-up or new injuries to support repeating a study recently performed few months prior with normal impression. The NCV RIGHT LOWER EXTREMITY is not medically necessary and appropriate.

