MAXIMUS Federal Services

| Case Number: | CM13-0058265 | | |
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| Date Assigned: | 03/19/2014 | Date of Injury: | 10/03/2008 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

## 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 Medicine & Rehabilitation, has a subspecialty in Pain 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:

The patient is a 43year old male who was injured on 10/03/2008. The mechanism of injury is unknown. Prior treatment history has included the use of Tramadol and cyclobenzaprine. Diagnostic studies reviewed include: MRI of the lumbar spine dated 11/02/2013 revealing: L3-L4 mild degenerative disc changes, posterior annular defect or tear, 2 mm disc protrusion or extrusion; L4-L5 degenerative disc changes, 2 mm retrolisthesis, 3 mm central/left paracentral disc protrusion, lateral disc osteophytic complexes, mild to moderate narrowing of the neural foramen. The patient's medications include Tramadol and cyclobenzaprine. MRI of the cervical spine dated 11/02/2013 reveals: C5-C6 degenerative disc change, 2 mm retrolisthesis, 2mm broad-based disc protrusion with bony ridging extending to the right deviating the right side of the spinal cord posteriorly creating a slight contour deformity (flattening) and extending into the narrowing right neural foramen. PR-2 dated 9/05/2013 documented the patient to have complaints of stiffness and pain in the right shoulder. He is continuing to have ongoing neck pain as well as low back pain. Objective findings on examination of the cervical spine demonstrates diffuse tenderness. Upper extremity examination of the right shoulder reveals marked limitation of range of motion with positive impingement. Examination of the lumbar spine reveals diffuse tenderness. The patient forward bends 60 degrees, extension 10 degrees. Straight leg raising is positive bilaterally at 60 degrees. Examination of the lower extremity reveals there is pain-free range of motion of all joints of both lower extremities. On neurological examination of the lower extremities, proximal and distal motor strength is grossly normal. Sensation is intact to light touch and pinprick throughout. Deep tendon reflexes are symmetrical in the knee jerk, ankle jerk and posterior tibial tendon jerk. Diagnoses included right shoulder adhesive capsulitis, chronic, failing conservative management; cervical degenerative disc disease; and lumbar myofascial pain with degenerative disc disease. PR-2 dated 10/25/2013

documented the patient with complaints of cervical pain 8/10, low back pain with left lower extremity symptoms and right shoulder pain 6/10. There was improved adherence to physical methods, including exercise as well as improved range of motion. Objective findings on exam include tenderness in the cervical and lumbar spine. Cervical range of motion percent of normal: flexion 60 degrees, extension 50 degrees, left rotation 50 degrees, and right lateral tilt 50 degrees. Lumbar range of motion is limited with pain. Neurological examination is unchanged (upper extremities and lower extremities). Positive straight leg raise left for pain to foot at 35 degrees. Spasm of the lumbar paraspinal musculature and cervical trapezius/cervical paraspinal musculature less pronounced. Diagnoses included cervical spondylosis; rule out cervical radiculopathy; rule out lumbar intradiscal component; rule out lumbar intradiscal component; and acromioclavicular osteoarthropathy and labral tear, right.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV OF THE BILATERAL UPPER EXTREMITIES:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Electromyography, (EMG) Nerve conduction studies (NCS)

**Decision rationale:** The ACOEM guidelines states when the neurologic examination is less clear, 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. According to the Official Disability Guidelines (ODG), electrodiagnostic studies may be recommended as an option in selected cases. The NCV is not generally recommended to demonstrate radiculopathy. The medical records do not document any abnormal findings on neurological examination. A cervical MRI has already been obtained. In the absence of any equivocal findings suggestive of nerve root compromise or peripheral neuropathy, the medical necessity of EMG/NCV of the upper extremities has not been established. The request for an EMG/NCV of the upper bilateral upper extremities are not medically necessary and appropriate.

**EMG/NCV OF THE BILATERAL LOWER EXTREMITIES:** 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)

**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 (EDS).

**Decision rationale:** According to the MTUS/ACOEM guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. The medical records document that neurological examination of the lower extremities reveals motor strength is grossly normal, sensation is intact, and deep tendon reflexes are symmetrical in the knee jerk, ankle jerk and posterior tibial tendon jerk. The patient continued to have normal neurological examination. In addition, an MRI of the lumbar spine has already been done. The guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCV. According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Nevertheless, in the absence of any equivocal findings suggestive of nerve root compromise or peripheral neuropathy, the medical necessity of EMG/NCV of the lower extremities has not been established. The request for an EMG/NCV of the bilateral lower extremities are not medically necessary and appropriate.