

<b>Case Number:</b>	CM13-0068671		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/20/2004
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational 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 58-year-old male who has submitted a claim for cervical and lumbosacral sprain/strain with myofascitis secondary to whiplash injury, thoracic myofascitis, and intractable low back pain with sciatica. Medical records from 2013 were reviewed. The patient complained of moderate to severe pain associated with muscle spasms about his neck, middle back, and lower back regions. Neck and back pain symptoms were noted to radiate to the right shoulder, shoulder blades, buttocks, right hip, right thigh, and right hamstring. Pain was aggravated by performing ADLs. Physical examination showed 2+ tenderness with 1+ muscle spasms noted in the splenii capiti, trapezii, quadratus lumborum, and cervical/thoracic/lumbar paravertebral muscles bilaterally; decreased ROM upon the extremities of flexion, extension, lateral bending bilaterally in the neck and back regions due to pain; myofascial trigger points in the upper trapezius, cervical, and lumbar paravertebral muscles bilaterally; and +1 tenderness over the right sacroiliac joint. EMG/NCS of bilateral upper and lower extremities dated October 26, 2013 showed mild left median and mild right tibial neuropathy. Treatment to date has included NSAIDs and opioids. Utilization review from December 9, 2013 denied the requests for EMG/NCS of bilateral upper and lower extremities because the patient has no signs of radiculopathy, neuropathy, or nerve compression disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 303 of the American College of Occupational and Environmental Medicine (ACOEM) Low Back Guidelines as referenced by California Medical Treatment Utilization Schedule (MTUS), electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. The California MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, an EMG/NCS was done last October 26, 2013 and showed mild right tibial neuropathy. Progress notes reviewed reported signs of possible radiculopathy. Patient complained of moderate to severe lower back pain with radiation to the buttocks, right hip, right thigh, and right hamstring. There is no comprehensive neurological exam available, but the patient's symptoms strongly indicate the presence of radiculopathy. However, there were no recent progress notes suggesting acute significant changes from the previous progress notes reviewed that would necessitate requesting another EMG/NCS of the lower extremities. Therefore, the request for EMG/NCS bilateral lower extremities is not medically necessary.

**EMG/NCS BILATERAL LOWER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, an EMG/NCS was done last October 26, 2013 and showed mild right tibial neuropathy. Progress notes reviewed reported signs of possible radiculopathy. Patient complained of moderate to severe lower back pain with radiation to the buttocks, right hip, right thigh, and right hamstring. There is no comprehensive neurological exam available, but the patient's symptoms strongly indicate the presence of

radiculopathy. However, there were no recent progress notes suggesting acute significant changes from the previous progress notes reviewed that would necessitate requesting another EMG/NCS of the lower extremities. Therefore, the request for EMG/NCS bilateral lower extremities is not medically necessary.