

<b>Case Number:</b>	CM13-0071265		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 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 59-year-old female who has submitted a claim for myalgia and myositis, unspecified associated with an industrial injury date of January 21, 2013. The patient complains of pain and stiffness in the cervical spine, which radiates into the left shoulder and left upper extremity. There were also prior complaints of low back pain radiating to the buttock based on the initial evaluation on June 10, 2013; however, this was not noted on the most recent progress reports. EMG/NCV studies of the bilateral upper and lower extremities were obtained on September 5, 2013, which revealed normal results. However, the formal reports were not provided. The latest physical examination prior to the electrodiagnostic studies showed limitation of motion of the cervical spine; tenderness over the cervical spine with spasm over the left upper trapezius; positive shoulder depression test on the left; decreased grip strength on the left; and dysesthesia on the left upper extremity. Diagnoses include cervicgia, cervical spine myofascitis with bilateral radiculopathy and lumbar radiculitis/sciatica on the left. Imaging studies of the cervical and lumbar spine were not noted on the medical records submitted. Treatment to date has included oral analgesics, chiropractic therapy, myofascial release, electro-acupuncture therapy and physical therapy. Utilization review from December 23, 2013 denied the request for EMG/NCV of the bilateral upper & lower extremities because the physical examination does not identify any neurological deficits with strength, sensation or reflexes. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO 9/5/13 EMG FOR 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:** As stated on page 238 of the ACOEM Elbow Guidelines referenced by CA MTUS, EMG of the upper extremities is recommended 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 this case, patient complained of neck pain with radiculopathy to the left upper extremity, which was supported by objective findings of sensorimotor deficits. The guideline criteria for EMG testing at the left upper extremity were met. However, the request included testing of the right upper extremity; this is not warranted because there was no documentation of signs and symptoms of radiculopathy on the right. Therefore, the request for Retrospective 9/5/13 EMG for Bilateral Upper Extremities is not medically necessary.

**RETRO 9/5/13 NCV FOR BILATERAL LOWER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies (NCS)

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines Low Back Chapter was used instead. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient presented with low back pain radiating to the left lower extremity corroborated by sensorimotor deficits upon physical examination. Patient had no pain complaints at the right lower extremity, however, straight leg raise test at the right elicited pain to the back and leg at 50 degrees. Motor strength, reflexes, and sensory exam were normal at the right lower extremity. The presence of radiculopathy was questionable at the right lower extremity; hence, NCV testing may be reasonable. However, the request included testing of the left lower extremity. Manifestations at the left lower extremity strongly indicated the presence of radiculopathy; hence, NCV testing was not recommended. Based on the aforementioned reasons, the request for Retrospective 9/5/13 NCV for Bilateral Lower Extremities is not medically necessary.

**RETRO 9/5/13 EMG FOR BILATERAL LOWER 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 12 Low Back Complaints Page(s): 303.

**Decision rationale:** As stated on page 303 of the ACOEM Low Back Guidelines 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. In this case, patient presented with low back pain radiating to the left lower extremity corroborated by sensorimotor deficits upon physical examination. EMG testing of the left lower extremity was reasonable; however, the request included testing of the right lower extremity. Patient had no radicular complaints at the right lower extremity; motor strength, reflexes, and sensory exam were normal. Straight leg raise test at the right elicited pain to the back and leg at 50 degrees; however, a positive SLR was not sufficient to classify it as focal neurologic deficit. Based on the aforementioned reasons, the request for Retrospective 9/5/13 EMG for Bilateral Lower Extremities is not medically necessary.

**RETRO 9/5/13 NCV FOR BILATERAL UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines Neck and Upper Back Chapter was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG does not clearly define radiculopathy. In this case, patient complained of neck pain with radiculopathy to the left upper extremity, which was supported by objective findings of sensorimotor deficits. Patient's manifestations strongly indicated presence of radiculopathy at the left upper extremity; hence, NCV was not recommended. However, the request likewise included testing of the right upper extremity; this was not warranted because there were no subjective complaints documented at the right. Based on the aforementioned reasons, the request for Retrospective 9/5/13 NCV FOR Bilateral Upper Extremities is not medically necessary.