

<b>Case Number:</b>	CM14-0006186		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/05/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old male who has submitted a claim for cervical spine herniated nucleus pulposus, cervical radiculopathy, bilateral shoulder impingement syndrome, bilateral shoulder tenosynovitis, lumbar spine herniated nucleus pulposus, lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and psychosexual dysfunction associated with an industrial injury date of February 5, 2007. Patient complained of pain at the neck, bilateral shoulder, and low back graded 7 to 8/10 in severity, described as sharp, stabbing, and burning sensation. Neck and low back pain radiated to bilateral upper and lower extremities, respectively, associated with numbness and tingling sensation. Physical examination revealed tenderness and restricted range of motion at the cervical spine, bilateral shoulders, and lumbosacral area. Cervical distraction test, maximum foraminal compression, and shoulder depression tests were positive. Neer's, impingement test, and Apley's scratch tests were likewise positive. Sensation was diminished at C6 and C7 dermatomes, as well as at L4 to L5 dermatomes bilaterally. Motor strength in bilateral lower extremities was diminished secondary to pain. Motor strength of bilateral C5, C6, C7, C8, and T1 myotomes was decreased secondary to pain. Reflexes were normal. An MRI of the lumbar spine, dated February 3, 2014 showed spinal canal narrowing at L4 to L5 level and a central focal disc protrusion at L5 to S1 abutting the S1 transiting nerve root. An MRI of the cervical spine, dated February 10, 2014, showed multi-level disc protrusion and bilateral neural foramina narrowing at C5 to C6. Treatment to date has included shockwave therapy, physical therapy, acupuncture care, chiropractic care, and medications. Utilization review from December 27, 2013 denied the request for electromyography (EMG)/nerve conduction velocity (NCV) of bilateral upper and lower extremities because the patient's symptoms remained stable and there was no evidence that conservative management was given. The request for functional capacity

evaluation was denied because there was no evidence of prior unsuccessful return to work attempts.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THE PROSPECTIVE REQUEST FOR 1 ELECTROMYOGRAPHY (EMG) OF UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** Guidelines state that EMG studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Physical examination revealed positive cervical distraction test, foramina compression test, and shoulder depression test. Motor strength of bilateral C5 to T1 myotomes was decreased. Sensation was diminished at C6 to C7 dermatomes. Clinical manifestations are consistent with radiculopathy. Of note, EMG/NCV study of bilateral upper extremities from June 9, 2011 showed cervical plexopathy without motor deficits. Moreover, an MRI of the cervical spine from February 10, 2014 showed bilateral neuroforamina narrowing at C5 to C6 level. There is no clear rationale for a repeating EMG at this time, and the request is not medically necessary.

#### **THE PROSPECTIVE REQUEST FOR 1 ELECTROMYOGRAPHY (EMG) OF THE 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:** Guidelines support the use of EMG to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. On physical examination, motor strength was decreased, and sensation was diminished at L4 to L5 dermatomes bilaterally. Clinical manifestations are consistent with radiculopathy. EMG/NCV studies of bilateral lower extremities performed on October 5, 2010 showed slowing of the left peroneal nerve with normal EMG findings. Moreover, an MRI of the lumbar spine, dated February 3, 2014 showed spinal canal narrowing at L4 to L5 level and a central focal disc protrusion at L5 to S1 abutting the S1 transiting nerve

root. There is no clear rationale for a repeating EMG at this time, and the request is not medically necessary.

**THE PROSPECTIVE REQUEST FOR 1 NERVE CONDUCTION VELOCITY STUDY OF LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient complained of low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. On physical examination, motor strength was decreased, and sensation was diminished at L4 to L5 dermatomes bilaterally. Clinical manifestations are consistent with radiculopathy. There is no clear rationale for a repeating NCV at this time. It is likewise unclear how repeat testing may affect treatment plans for this patient and is therefore not medically necessary.

**THE PROSPECTIVE REQUEST FOR 1 NERVE CONDUCTION VELOCITY STUDY OF 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 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that nerve conduction study (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Physical examination revealed positive cervical distraction test, foramina compression test, and shoulder depression test. Motor strength of bilateral C5 to T1 myotomes was decreased. Sensation was diminished at C6 to C7 dermatomes. Clinical manifestations are consistent with radiculopathy. There is no clear rationale for repeating NCV at this time, and the request is not medically necessary.

## **THE PROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines, chapter 7: independent medical examination and consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines, chapter 7: independent medical examination and consultations.

**Decision rationale:** Guidelines state functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, patient was deemed temporarily totally disabled until January 16, 2014. A functional capacity assessment was accomplished on March 31, 2011 concluding that the patient participated in the treatment and had shown moderate/significant improvement in overall functional capacity. However, the official report was not made available for review. There is no further discussion regarding the indication for FCE and whether this will be crucial to the management of the patient. There is no evidence of prior unsuccessful return to work trials, therefore the request is not medically necessary.