

<b>Case Number:</b>	CM14-0019350		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Physical Medicine 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:

The injured worker is a 38-year-old who reported a continuous trauma injury from February 8 to August 8, 2009, while performing her usual duties as a materials specialist. The clinical note dated March 12, 2014 noted pain in the low back that radiates down the bilateral posterolateral lower extremities to the feet in the L4-5 and L5-S1 distributions. The injured worker rated the pain as a constant 9/10. The injured worker is also reporting numbness, tingling, and weakness in the bilateral lower extremities. The injured worker's physical exam findings to the lumbar spine were decreased lordotic curve, a positive spinal hypertonicity, myofascial trigger points at the L3-S1 level, and the sciatic notches are tender bilaterally. There was also a positive straight leg raise at 50 degrees bilaterally. The provider recommended an electromyography bilateral upper extremity and a NCV bilateral upper extremity. The request for authorization form is dated January 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The medical documents lack evidence of muscle weakness and numbness symptoms that would indicate peripheral nerve impingement. It is also unclear why the request is for upper bilateral extremities when the subjective complaints as well as physical examination references lower extremity deficits. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

**NCV BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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) Neck and Upper Back Chapter, Nerve Conduction Studies.

**Decision rationale:** The Official Disability Guidelines do not recommend a NCV to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In the included medical documents it is unclear why the request is for upper bilateral extremities when the subjective complaints as well as physical examination references lower extremity deficits. The request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.