

<b>Case Number:</b>	CM14-0118492		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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, has a subspecialty in Interventional Spine 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 39-year-old female with date of injury of 11/05/2010. The listed diagnoses per [REDACTED] dated 06/10/2014 are: 1. Headaches. 2. Neck and lower back pain. 3. Anxiety and depression. 4. Urinary urgency. According to this report, the patient continues to complain of headaches that have become more frequent and varying in duration. The headaches are right-sided or diffuse in location and they are significantly relieved with her current medications. The physical examination shows restricted range of motion in the cervical spine in all planes. There is tenderness to palpation and palpable spasms at the cervical paraspinal muscles bilaterally. Heel to toe and tandem walking are normal. There was a slight increase in muscle tone in the right lower extremity and normal muscle tone in the left lower extremity. Muscle strength in both upper and lower extremities is grade 5 or normal. Proprioception and light touch were normal in both upper and lower extremities. Biceps and brachioradialis reflexes are 3+ bilaterally. Triceps reflexes were 2+ bilaterally. Quadriceps reflexes were 3+ bilaterally. Gastroc-soleus reflexes were 3+ bilaterally. The utilization review denied the request on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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).

**Decision rationale:** This patient presents with headaches, neck, and lower back pain. The treater is requesting an EMG of the bilateral lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV often had low combined sensitivity and specificity in confirming root injury. The utilization review notes that the patient underwent an EMG/NCV study on 07/29/2011, which was negative. However, this report was not made available for review to verify if the procedure was for the upper or lower extremities. The progress report dated 06/10/2014 do not show any radiating symptoms or sensory deficits that will warrant an updated EMG. Based on the above, this request is not medically necessary.

**NVC Bilateral lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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).

**Decision rationale:** This patient presents with headaches, neck, and lower back pain. The treater is requesting an NCV of the bilateral lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV often had low combined sensitivity and specificity in confirming root injury. The utilization review notes that the patient underwent an EMG/NCV study on 07/29/2011, which was negative. However, this report was not made available for review to verify if the procedure was for the upper or lower extremities. The progress report dated 06/10/2014 do not show any radiating symptoms or sensory deficits that will warrant an updated NCV. Therefore, this request is not medically necessary.