

<b>Case Number:</b>	CM14-0162576		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Occupational Medicine, and is licensed to practice in Montana. 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 food service worker with a date of injury of 7/11/14. The records describe the injury as cumulative trauma conditions associated with repetitive activities involved with food preparation. She developed pain in the neck, back, shoulders and wrists. She was initially treated by her chiropractor. On 7/10/14 she sought medical treatment. She continues to have neck, low back and right wrist pain. Her diagnoses include musculoligamentous strain of the cervical and lumbar spine with possible discogenic disease, and bilateral wrist and shoulder strains with possible internal shoulder derangement. Additional treatment has included Norco, Soma and some topical analgesics. Physical therapy was approved but there is no documentation that she had therapy or, if therapy was completed, the results of those treatments. The treating physician has requested nerve conduction velocity and electromyography of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies

**Decision rationale:** The ODG guidelines state that Nerve Conduction Studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the medical records do not document complaint of pain, numbness or tingling in the lower extremities. Straight leg raising tests are described as positive however, the nature and extent of those symptoms are not described. There is no indication of any dermatomal pattern for leg symptoms. Although she has been on medications, there is no documentation of efficacy of any conservative treatment in the medical records. MRI of the lumbar spine has been requested but result is not available in the records. There is no indication of likely peripheral neuropathy in the lower extremities. The request for nerve conduction velocity of the right lower extremity is not medically necessary.

**NCV of the left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies

**Decision rationale:** The ODG guidelines state that Nerve Conduction Studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the medical records do not document complaint of pain, numbness or tingling in the lower extremities. Straight leg raising tests are described as positive however, the nature and extent of those symptoms are not described. There

is no indication of any dermatomal pattern for leg symptoms. Although she has been on medications, there is no documentation of efficacy of any conservative treatment in the medical records. MRI of the lumbar spine has been requested but result is not available in the records. There is no indication of likely peripheral neuropathy in the lower extremities. The request for nerve conduction velocity of the left lower extremity is not medically necessary.

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, EMGs (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Low Back, EMGs

**Decision rationale:** The MTUS ACOEM guidelines and ODG guidelines note that electromyography (EMG), including H- reflex test, and may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the medical records do not document complaint of pain, numbness or tingling in the lower extremities. Straight leg raising tests are described as positive however, the nature and extent of those symptoms are not described. There is no indication of any dermatomal pattern for leg symptoms. Although she has been on medications, there is no documentation of efficacy of any conservative treatment in the medical records. MRI of the lumbar spine has been requested but result is not available in the records. There is no indication of likely peripheral neuropathy in the lower extremities. The request for EMG of the left lower extremity is not medically necessary.

**EMG of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, EMGs (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, EMGs

**Decision rationale:** The MTUS ACOEM guidelines and ODG guidelines note that electromyography (EMG), including H- reflex test, and may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar

plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the medical records do not document complaint of pain, numbness or tingling in the lower extremities. Straight leg raising tests are described as positive however, the nature and extent of those symptoms are not described. There is no indication of any dermatomal pattern for leg symptoms. Although she has been on medications, there is no documentation of efficacy of any conservative treatment in the medical records. MRI of the lumbar spine has been requested but result is not available in the records. There is no indication of likely peripheral neuropathy in the lower extremities. The request for EMG of the right lower extremity is not medically necessary.