

<b>Case Number:</b>	CM14-0178619		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

An EMG/NCV of the bilateral lower extremities is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that nerve conduction studies (NCS) are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. The most recent documentation does not indicate evidence of neurologic findings requiring a nerve conduction study. The documentation does not indicate bilateral lower extremity symptoms suggestive of peripheral polyneuropathy, or entrapment/compression neuropathy. It is not clear how this test will change the medical management of the patient. The request for EMG/NCV of the bilateral lower extremities is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine w/o contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, [www.odg-](http://www.odg-)

twc.com, Neck and Upper Back (Acute & Chronic) (updated 08/04/2014) and Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) - Magnetic resonance imaging (MRI)

**Decision rationale:** An MRI of the cervical spine w/o contrast is not medically necessary per the MTUS and ODG guidelines. The MTUS ACOEM guidelines state that criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. The ODG states that the criteria for ordering a cervical MRI include chronic neck pain (= after 3 months conservative treatment), with radiographs normal and neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; chronic neck pain, radiographs show bone or disc margin destruction; suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; known cervical spine trauma: equivocal or positive plain films with neurological deficit; upper back/thoracic spine trauma with neurological deficit. The most recent documentation does not indicate progressive neurologic deficit. The patient is recovering from shoulder surgery and the document states that he is slowly improving. There are no objective radiograph reports available for review and no red flag findings on the most recent progress note. The request for a cervical MRI is not medically necessary.

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, www.odg-twc.com, Neck and Upper Back (Acute & Chronic) (updated 08/04/2014) and Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/2014)

**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) Low Back - Lumbar & Thoracic (Acute & Chronic)- Electrodiagnostic studies (EDS)

**Decision rationale:** An EMG/NCV of the bilateral lower extremities is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that nerve conduction studies (NCS) are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. The most recent documentation does not indicate

evidence of neurologic findings requiring a nerve conduction study. The documentation does not indicate bilateral lower extremity symptoms suggestive of peripheral polyneuropathy, or entrapment/compression neuropathy. It is not clear how this test will change the medical management of the patient. The request for EMG/NCV of the bilateral lower extremities is not medically necessary.