

<b>Case Number:</b>	CM14-0024639		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 48 year old female who reported an injury on 09/23/2011 due to an unknown mechanism of injury. The injured worker complained of neck pain that is moderate to severe and constant, radiating to her hands and fingers. She also has pain in her upper and lower back which radiates into both legs. On 02/04/2014 the physical examination revealed a positive bilateral straight leg raise. When tested with the Wartenberg pinwheel the patient complained of decreased sensation in both upper extremities in the C6-7 dermatomal distribution. She had decreased sensation in the bilateral lower extremities L3 to L5 dermatomal distributions. The deep tendon reflexes were rated 2+/4 in the following areas brachioradialis, triceps, biceps, patellar, and Achilles. On 08/14/2013 the injured worker had a MRI that showed multilevel degenerative changes with moderate neural foraminal narrowing on the left at the C3-4 and C4-5 and mild central canal narrowing at the C4-5 level. In addition, there were degenerative changes most significant at L4-5 and L5-S1 with diffuse disc desiccation and mild loss of disc space at the L5-S1 level. The injured worker has a current diagnoses of failed neck surgery syndrome, and failed back surgery syndrome. In 10/2012 the injured worker had a back fusion and 01/2012 neck fusion was performed. The injured worker was on the following medications Anaprox 550mg, Norco 10/325mg, MS Contin 30mg, Toradol 60mg, morphine, naproxen, hydrocodone, and Voltaren gel. The current treatment plan is for electromyography (EMG) bilateral upper extremities and electromyography (EMG) bilateral lower extremities. There was no rationale provided for review. The request for authorization form was dated 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The request for electromyography (EMG) bilateral upper extremities is non-certified. The injured worker has a history of neck pain that is moderate to severe and constant, radiating to her hands and fingers. She also has pain in her upper and lower back which radiates into both legs. The ACOEM guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the documentation provided on physical examination 02/04/2014 there is clear evidence of radiculopathy and it is corroborated on the MRI taken 08/14/2013. The MRI identified specific nerve compromise at multilevel C3-4 and C4-5. The signs and symptoms reported by the injured worker are consistent with the findings of both the MRI and physical examination. Thus, making additional clarification of nerve dysfunction unsupported. Given the above, the request for electromyography (EMG) bilateral upper extremities is not medically necessary.

**ELECTROMYOGRAPHY (EMG) BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 303.

**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), Lower back, Electromyography (EMG).

**Decision rationale:** The request for electromyography (EMG) bilateral lower extremities is non-certified. The injured worker has a history of neck pain that is moderate to severe and constant, radiating to her hands and fingers. She also has pain in her upper and lower back which radiates into both legs. The ACOEM guidelines state that 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 Official Disability Guidelines (ODG) state electromyography is recommended as an option (needle, not surface). EMGs 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. According to the documentation provided on physical exam on 02/04/2014 there is clear evidence of radiculopathy and it is corroborated on the MRI taken 08/14/2013. The neurologic dysfunction has been identified thus

making the request for electromyography (EMG) of the bilateral lower extremities unsupported. In addition, there was no documentation provided in regards to conservative care or failure of conservative care. Given the above the request for electromyography (EMG) bilateral lower extremities is not medically necessary.