

<b>Case Number:</b>	CM14-0026919		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 41-year-old male with date of injury on 11/4/2010. The diagnoses include left peroneal neuropathy, disc protusions at L3-S1, radiculopathy left lower leg, injury left sacroiliac, status post lumbar decompression, status post lumbar fusion. A physical exam shows moderate muscle spasm in the lumbosacral area, and tenderness in the dorsal aspect of the left foot. The patient had a lumbar MRI on 1/31/2014, which showed reduced inflammation in the endplates of L4-5 with no nerve root compression, and evidence of solid fusion. The submitted documentation does not show evidence of complaints or physical findings related to the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NUCLEAR BONE SCAN OF THE LUMBAR SPINE:** Upheld

**Claims Administrator 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, bone scan.

**Decision rationale:** The Official Disability Guidelines indicate that bone scans are not recommended, except for bone infection, cancer, or arthritis. Scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. For this patient, there is no presented evidence that demonstrates concern for infection or malignancy. A recent lumbar MRI also confirmed no significant pathology. Furthermore, the records indicate that a nuclear white blood cell scan was already performed, and the results are unknown. Therefore, the medical necessity of a nuclear bone scan is not established.

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

**Claims Administrator 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 213, 179, 182, 214, 261, 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel, EMG/NCV.

**Decision rationale:** The MTUS/ACOEM Guidelines recommend electromyography/nerve conduction velocity (EMG/NCV) as a means of detecting physiologic insult in the upper back and neck. An EMG/NCV can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before an epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints, the guidelines do not recommend EMG/NCV for the evaluation of a usual diagnoses. For hand/wrist complaints, an EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, there is no submitted documentation that indicates subjective or objective findings in the upper extremities. Therefore, the medical necessity of upper extremity electrodiagnostic studies is not established.

**NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 213, 179, 182, 214, 261, 269.

**Decision rationale:** The MTUS/ACOEM Guidelines recommend electromyography/nerve conduction velocity (EMG/NCV) as a means of detecting physiologic insult in the upper back and neck. An EMG/NCV can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before an epidural injection, but is not recommended for

diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints, the guidelines do not recommend EMG/NCV for the evaluation of a usual diagnoses. For hand/wrist complaints, an EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, there is no submitted documentation that indicates subjective or objective findings in the upper extremities. Therefore, the medical necessity of upper extremity electrodiagnostic studies is not established.