

<b>Case Number:</b>	CM14-0031180		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 & 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 reported a date of injury of 06/13/2007. According to report dated 10/03/2013 by ■■■■■, the patient presents with chronic neck and back pain. Objective findings on examination included decreased range of motion for the shoulder, wrist, and thoracolumbar spine. There was sensory deficit documented to left C7, right C6, C7, and C8. Sensation was intact to the bilateral lower extremities. Report indicates patient has cervical spine HNP with nerve root impingement at C4, C5, and C6. The patient also has lumbar spine HNP with nerve root basement at L3, L4, and L5. Treatment plan included EMG/NCV of the bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR EMG OF THE BILATERAL UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

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

**Decision rationale:** This patient presents with continued neck and back pain. The physician is requesting an EMG/NCV of the bilateral upper extremities. Utilization review dated 01/17/2014 denied the request stating lack of sufficient objective clinical findings. ACOEM Guidelines page

178 states "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NVC may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks." In this case, the symptoms have lasted for quite some time now and there are no records of any prior EMG/NCV. Although subjective complaints were not documented, objective findings show bilateral sensory deficits. Therefore, the request for EMG of the Bilateral Upper Extremities is medically necessary and appropriate.

**NCV OF THE BILATERAL UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** This patient presents with continued neck and back pain. The physician is requesting an EMG/NCV of the bilateral upper extremities. Utilization review dated 01/17/2014 denied the request stating lack of sufficient objective clinical findings. ACOEM Guidelines page 178 states "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NVC may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks." In this case, the symptoms have lasted for quite some time now and there are no records of any prior EMG/NCV. Although subjective complaints were not documented, objective findings show bilateral sensory deficits. Therefore, the request for NCV of the Bilateral Upper Extremities is medically necessary and appropriate.

**EMG OF THE BILATERAL LOWER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with continued neck and low back pain. The physician is requesting an EMG/NCV of the bilateral lower extremities. Utilization review dated 01/17/2014 denied the request stating patient has some subjective complaints of pain but no sensation issues below the knee. ACOEM guidelines page 303 states, "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." In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "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." In this case, the patient does not present with any radicular symptoms. EMG with H-reflex is indicated for low back pain but not NCV studies. Recommendation is for approval.

**NCV OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with continued neck and low back pain. The physician is requesting an EMG/NCV of the bilateral lower extremities. Utilization review dated 01/17/2014 denied the request stating patient has some subjective complaints of pain but no sensation issues below the knee. ACOEM guidelines page 303 states, "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." In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "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." In this case, the patient does not present with any radicular symptoms. EMG with H-reflex is indicated for low back pain but not NCV studies. Recommendation is for denial.