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| <b>Case Number:</b>   | CM14-0032499 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 05/24/2011 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 01/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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:

This patient is a 47-year-old male with a date of injury of 05/24/2011. According to report dated 01/14/2014 by [REDACTED], the patient presents with neck pain that radiates to bilateral shoulder and back. He also continues to have headaches. The neck pain is rated as 7/10 and low back pain as 9/10. Examination of the shoulder reveals positive supraspinatus and Neer's test on the right shoulder. Report 11/12/2013 provides similar examination findings, but states patient has numbness and tingling to both legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ELECTROMYOGRAPHY TEST FOR LEFT LOWER EXTREMITY/LUMBAR:**

Overtaken

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with neck pain that radiates to bilateral shoulder and low back pain with numbness and tingling in both legs. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "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 patient has a long history of low back pain. Review of the AME report shows the patient has been complaining of low back pain that radiates into the lower extremities since 2011. Since then the patient has had work-up including MRI and X-ray. Most recent MRI from 2012 revealed "6mm protrusion at L5-S1, displacing the L5 root." An EMG/NVC was requested twice by two different physicians but the results were not provided. Furthermore [REDACTED] on 12/13/2013 diagnosed patient with lower extremity radiculopathy. In this case, the patient has a 6mm protrusion but no clear radiculopathy. Numbness and tingling in the legs may mean that the patient has peripheral neuropathy. Therefore the request for 1 EMG test for left lower extremity/lumbar is medically necessary and appropriate.

### **1 ELECTROMYOGRAPHY FOR RIGHT LOWER EXTREMITY/LUMBAR: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck chapter, page 178.

**Decision rationale:** This patient presents with neck pain that radiates to bilateral shoulder and low back pain with numbness and tingling in both legs. ACOEM Guidelines page 178 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "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 patient has a long history of low back pain. Review of the AME report shows the patient has been complaining of low back pain that radiates into the lower extremities since 2011. Since then the patient has had work-up including MRI and X-ray. Most recent MRI from 2012 revealed "6mm protrusion at L5-S1, displacing the L5 root." An EMG/NVC was requested twice by two different physicians but the results were not provided. Furthermore [REDACTED] on 12/13/2013 diagnosed patient with lower extremity radiculopathy. In this case, the patient has a 6mm protrusion but no clear radiculopathy. Numbness and tingling in the legs may mean that the patient has peripheral neuropathy. Therefore, the request for 1 EMG test for right lower extremity/lumbar is medically necessary and appropriate.

### **1 NERVE CONDUCTION STUDY FOR RIGHT LOWER EXTREMITY/LUMBAR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with neck pain that radiates to bilateral shoulder and low back pain with numbness and tingling in both legs. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "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 patient has a long history of low back pain. Review of the AME report shows the patient has been complaining of low back pain that radiates into the lower extremities since 2011. Since then the patient has had work-up including MRI and X-ray. Most recent MRI from 2012 revealed "6mm protrusion at L5-S1, displacing the L5 root." An EMG/NVC was requested twice by two different physicians but the results were not provided. Furthermore [REDACTED] on 12/13/2013 diagnosed patient with lower extremity radiculopathy. In this case, ODG does not recommended NCV studies when radiculopathy is clear. Therefore, the request for 1 nerve conduction study for right lower extremity/lumbar is not medically necessary and appropriate.

#### **1 NERVE CONDUCTION STUDY FOR LEFT LOWER EXTREMITY/LUMBAR:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), NCV Studies.

**Decision rationale:** This patient presents with neck pain that radiates to bilateral shoulder and low back pain with numbness and tingling in both legs. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "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 patient has a long history of low back pain. Review of the AME report shows the patient has been complaining of low back pain that radiates into the lower extremities since 2011. Since then the patient has had work-up including MRI and X-ray. Most recent MRI from 2012 revealed "6mm protrusion at L5-S1, displacing the L5 root." An EMG/NVC was requested twice by two different physicians but the results were not provided. Furthermore [REDACTED] on 12/13/2013 diagnosed patient with lower extremity radiculopathy. In this case, ODG does not recommended NCV studies when radiculopathy is

clear. Therefore, the request for 1 nerve conduction study for left lower extremity/lumbar is not medically necessary and appropriate.