

<b>Case Number:</b>	CM14-0032695		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/29/1998
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 injured worker was a 56 year old female with a reported date of injury on 12/29/1998. The injury reportedly occurred when the worker was struck by falling boxes. The injured worker's diagnoses included chronic irretraceable neck pain, status post cervical fusion at C6-C7, levoscoliosis with myelopathy, gait dysfunction secondary to scoliosis, opioid dependence and left hip fracture and left wrist fracture. The injured worker's medication regimen included Dilaudid, fentanyl, miralax, Topamax. Lidoderm patch, bisacodyl, Senna, Gabitril, Effexor XR, Docusate sodium and Seroquel. According to the documentation provided the injured worker was "able to function" with medication but was otherwise "bed bound" without medication. The progress note dated 01/09/2014 documented "limited" range of motion in cervical, thoracic and lumbar spine. The injured worker had positive Babinski and ankle clonus

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 12,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the ACOEM Guidelines, EMG/NCV may be useful to identify subtle, neurologic dysfunction in patients with low back symptoms. ACOEM Guidelines states when an injured workers neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There was a lack of clinical documentation regarding evidence of lower extremity radiculopathy. The injured worker did not have any complaints of radiating pain to the lower extremities or numbness and/or tingling to the lower extremities. The clinical documents provided did not include physical therapy records or indication of other conservative treatments. There was a lack of documentation of any neurologic dysfunction upon physical exam. The requesting physician's rationale for the request was unclear. Therefore, the request is not medically necessary and appropriate.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 12,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the ACOEM Guidelines, EMG/NCV may be useful to identify subtle, neurologic dysfunction in patients with low back symptoms. ACOEM Guidelines states when an injured worker's neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines further state there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was a lack of clinical documentation regarding evidence of lower extremity radiculopathy. The injured worker did not have any complaints of radiating pain to the lower extremities or numbness and/or tingling to the lower extremities. The clinical documents provided for review did not include physical therapy records or indications of other conservative treatments. There was a lack of documentation of any neurologic dysfunction upon physical exam. The requesting physician's rationale for the request was unclear. Additionally, the use of NCV would not be indicated when performing electrodiagnostic studies on the basis of radiculopathy. Therefore, the request is not medically necessary and appropriate.