

<b>Case Number:</b>	CM14-0036940		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 claimant is a 45 year old male who sustained an injury to the neck, shoulder and arms on 04/24/2012 as a result of cumulative trauma. The prior treatment included pain medications, hot and cold gel, anti-inflammatories and heating pads. An electromyography and nerve conduction velocity (EMG/NCV) on 09/15/2012 showed acute right S1 radiculopathy. An magnetic resonance imaging (MRI) lumbar spine dated 9/24/12 showed protrusions at L2-3 to L5-S1. Initial orthopedic comprehensive evaluation report dated 03/18/2013 stated the claimant complained of constant nagging, shooting and sharp pain in the low back area radiating down the legs and feet associated with numbness and tingling sensation that was aggravated with prolonged sitting, walking and standing. The patient reported difficulty performing activities, such as bending, twisting, turning, taking a shower, getting dressed, self grooming and prolonged standing, walking, sitting and driving. The physical examination revealed muscle strength of the bilateral lower extremities was grossly 4 to 5 out of 5, decreased sensation over the left L5 and S1 dermatomal distribution and a mildly antalgic gait. The patient exhibited heel-toe walk with noted lumbar pain. The examination of the bilateral knees showed tenderness over the medial and lateral aspect of the right knee with crepitus in the right patella. A positive compression test was noted in the right knee. The plan was an MRI of the cervical spine, lumbosacral spine, bilateral wrists, right knee and EMG/NCV of the bilateral upper and lower extremities. The diagnoses were interval vertebral disc disorder and lumbosacral radiculopathy. In a letter dated 03/21/2014, the request for electrodiagnostic studies of the upper extremities was non-certified. When the neurological examination was less clear, however further physiologic evidence of nerve dysfunction could be obtained before ordering an imaging study. There was no documentation of any subtle neurological findings that would require additional

electrophysiological studies. There was minimal justification for performing nerve conduction studies when a patient was presumed to have symptoms on the basis of radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**electromyography bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation official disability guidelines .[http://www.odg-twc.com/odgtec/low back](http://www.odg-twc.com/odgtec/low%20back).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS), EMGs (electromyography).

**Decision rationale:** The claimant is noted to have sensory and motor weakness. The previous MRI revealed only disc protrusions from L2-3 thru L5-S1. There has been previous electrodiagnostic testing on 9/15/2012 that documents acute right S1 radiculopathy. The claimant now has sensory loss in the L5 and S1 distribution and bilateral motor weakness. Given the progression of symptoms and objective findings, the requested electromyography (EMG) is reasonable to document radiculopathy and whether there has been a progression of neuropathic conditions. The request for electromyography bilateral lower extremities is medically necessary.

**Nerve Conducting Velocity bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation official disability guidelines ,electrodiagnostic testing.

**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 - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

**Decision rationale:** The Nerve Conduction velocity testing is not medically necessary. The ODG holds that NCV tests are not medically necessary when the claimant is presumed to have symptoms due to radiculopathy. The simultaneous NCV testing does not add to the sensitivity or specificity of the EMG to discern whether radiculopathy is present and/or acute or chronic radiculopathy. The NCV testing remains not medically necessary.

**12 Sessions physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, Physical therapy.

**Decision rationale:** The claimant complains of low back and cervical radicular symptoms. Given the original date of injury of 4/24/12, the claimant has had previous monitored PT. There should have been a transition to a self-directed home exercise program. Given the original date of injury and the subsequent multiple sessions the claimant should have been placed on a self directed home exercise program. The ODG recommendations are for 12 sessions for treatment of lumbar radiculopathy. As such, the request is not medically necessary.