

<b>Case Number:</b>	CM14-0043727		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Illinois. 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 is a 52-year-old male who reported an injury on 04/23/2012, reportedly sustained an injury while stepping out of his truck and on to above-ground scales, falling and striking his head. He injured his head, neck, right arm, and knees. The injured worker's treatment history included medications, MRI, and Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies upper extremities. The injured worker was evaluated on 03/07/2014 and it was documented that the injured worker complained of headache, dizziness, lightheadedness, at times he begins to shake and feels like he is having a seizure. It was noted the episodes last a few seconds that occurs 2 to 3 times per month with loss of consciousness while he is driving. The provider noted neck pain with radiation to the arms, hands, low back pain radiating to thighs, numbness, paresthesias, loss of sensation in the feet resulting in stumbling, spasm, clenching of either arm. Physical examination revealed motor 5/5 throughout, Gait intact, Deep Tendon Reflexes (DTRs) equal throughout and coordination intact. Cervical tenderness to palpation with limited range of motion, no lumbar tenderness and Hoffman's positive bilaterally. The provider noted the injured worker had limited lumbar range of motion. The injured worker was evaluated on 04/17/2014 and it was documented that the injured worker lost consciousness while driving. The injured worker complained of memory difficulty and some ringing involving both ears. Diagnoses included post-traumatic head syndrome, rule epileptic seizure; cervical strains, and lumbar strain, rule out radiculopathy. The injured worker had undergone an MRI of the cervical spine on 04/22/2014 that revealed evidence of cord compression with myelopathy. Within the documentation the neurosurgeon recommended imminent decompression surgery which the injured worker declined. The injured worker underwent EMG/NCV of the upper extremities studies on 06/13/2014 that revealed bilateral carpal tunnel syndrome, mild; and

probable bilateral C6 radiculopathy. The request for authorization or rationale was not submitted for this review.

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

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

**Electromyography (EMG) to both arms/ upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The CA MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. It was noted on 06/13/2014 the injured worker had undergone an EMG/NCV studies of the upper extremities that concluded there were probable bilateral C6 radiculopathy. The NCV studies concluded electrophysiological evidence of mild bilateral carpal tunnel syndrome. There is no documentation of significant change in symptoms or findings to support a repeat evaluation through EMG/NCV for upper extremities. It was noted the injured worker has received conservative care, however the outcome measurements was not provided. Given the above, the request is not medically necessary.

**Nerve Conduction Studies (NCS) to both arms/upper extremities:** Upheld

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

**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 Chapter, Nerve Conduction Studies.

**Decision rationale:** The Official Disability Guidelines does not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There was no documentation of objective

neurological findings suggestive of cord or nerve root pathology. In addition, the outcome measurements of conservative care were not submitted for this review. Given the above the request is not medically necessary.

**Electromyography (EMG) to both legs/ lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/ Disability Duration Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). 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. Diskography is not recommended for assessing patients with acute low back symptoms. The request is not medically necessary.

**Nerve Conduction Studies (NCS) to both legs/ lower extremities:** Upheld

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

**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 Chapter, Nerve Conduction Studies.

**Decision rationale:** The Official Disability Guidelines does not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There was no documentation of objective neurological findings suggestive of cord or nerve root pathology. In addition, the outcome

measurements of conservative care were not submitted for this review. Given the above the request is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/ Disability Duration Guidelines, MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. The injured worker had undergone an MRI of the cervical spine on 04/22/2014 that revealed evidence of cord compression with myelopathy. There was lack of objective findings of a cervical radiculopathy or neurological findings. In addition, the neurosurgeon recommended imminent decompression surgery which the injured worker declined. There is a lack of documentation verifying outcome measurements of conservative measures. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above the request is not medically necessary.