

<b>Case Number:</b>	CM14-0053906		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 51-year-old gentleman who was reportedly injured on January 29, 2013. The mechanism of injury was noted as unpacking computer monitors. The most recent progress note dated April 7, 2014, indicated that there were ongoing complaints of upper back pain, lower back pain, and shoulder pain. The physical examination demonstrated cervical spine paravertebral and trapezius muscle tenderness. There was decreased cervical spine range of motion with pain. Examination of the right shoulder noted tenderness of the rotator cuff and a positive impingement sign. There was slightly reduced shoulder range of motion. The physical examination of the lumbar spine noted tenderness over the paravertebral muscles and decreased range of motion. There was a negative straight leg raise test. Neurological examination indicated decreased sensation in the right C6 nerve distribution and the bilateral L5 and S1 nerve distributions. Diagnostic imaging studies of the right shoulder indicated mild arthrosis of the acromioclavicular joint and mild to moderate tendinosis of the supraspinatus tendon. A magnetic resonance image of the lumbar spine indicated mild hyperlordosis and scoliosis and mild bilateral degenerative facet disease at the three lower interspaces. Previous treatment included physical therapy. A request was made for electromyogram and nerve conduction study studies of the bilateral upper and lower extremities and was deemed not medically necessary in the pre-authorization process on April 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Neck and Upper Back (Acute & Chronic) Chapter- Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation that the injured employee has had a cervical spine MRI. Considering this, the request for EMG studies of the bilateral upper extremities is not medically necessary.

**Electromyography (EMG) of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are American College of Occupational and Environmental Medicine ongoing upper extremity symptoms that have not responded to conservative treatment. There is no evidence of any potential neurological involvement on the lumbar spine magnetic resonance image. Considering this, the request for electromyography studies of the bilateral lower extremities is not medically necessary.

**Nerve Conduction Studies (NCS) of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Neck and Upper Back (Acute & Chronic) Chapter- Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography or

magnetic resonance image (MRI) is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation that the injured employee has had a cervical spine MRI. Considering this, the request for nerve conduction studies of the bilateral upper extremities is not medically necessary.

**Nerve Conduction Studies (NCS) of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no evidence of neurological involvement on the lumbar spine MRI. Considering this, the request for nerve conduction studies of the bilateral lower extremities is not medically necessary.