

<b>Case Number:</b>	CM14-0070003		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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, 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:

The patient is a 56-year-old male with date of injury of 08/25/2011. The listed diagnoses per [REDACTED] dated 04/09/2014 are: 1. Failed surgery of the left shoulder. 2. Surgical disk herniation with myelopathy. 3. Lumbar spondylosis with myelopathy. 4. Partial tear of the rotator cuff tendon of the left shoulder. 5. Rotator cuff syndrome of the left shoulder. 6. Thoracic spondylosis without myelopathy. 7. Chondromalacia patella of the right knee. 8. Anxiety. 9. Insomnia. 10. Hypertrophy, benign, of the prostate. 11. Impotence. According to this report, the patient complains of constant, moderate pain in the cervical spine. The patient states that the pain radiates to the thoracic spine. There were complaints of occasional severe pain in the right knee that is aggravated by prolonged sitting. He notes intermittent moderate pain in the thoracic spine and constant moderate pain that is sharp and aggravated by prolonged sitting in the lumbar spine. The pain radiates down his lower extremities. The objective findings show there is a +3 spasm and tenderness in the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test was positive bilaterally. Yeoman's was positive bilaterally. The left Achilles reflex was decreased. There was a +3 spasm and tenderness to the right anterior joint line and popliteal fossa. Valgus test was positive on the right. Varus test was positive on the right. McMurray's test was positive on the right. The utilization review denied the request 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Electromyography (EMG) of Bilateral lower extremities for Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Nerve conduction studies and EMGs (Electromyography).

**Decision rationale:** The patient presents with cervical and thoracic pain. The treater is requesting an EMG of the bilateral lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting for more than 3 or 4 weeks. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming nerve root injury. The records show an EMG/NCV on 10/01/2012 that was within normal limits. The treater does not explain why another set of EMG/NCV studies are needed. EMG/NCV studies are needed for the diagnosis of radiculopathy, peripheral neuropathy, plexopathies, or myopathies. The treater does not raise any such concerns via clinical review or examination. Examination only showed spasms and tenderness in the lumbar spine as well as the bilateral knees. The request is not medically necessary.

## **Nerve Conduction Study (NCS) of Bilateral lower extremities for Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Nerve conduction studies and EMGs (Electromyography).

**Decision rationale:** The patient presents with cervical and thoracic pain. The treater is requesting an NCS of the bilateral lower extremities. OGD does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrate neurologic testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming nerve root injury. The records show an EMG/NCV on 10/01/2012 that was within normal limits. The treater does not explain why another set of EMG/NCV studies are needed. EMG/NCV studies are needed for the diagnosis of radiculopathy, peripheral neuropathy, plexopathies, or myopathies. The treater does not raise any such concerns via clinical review or examination. Examination only showed spasms and tenderness in the lumbar spine as well as the bilateral knees. The request is not medically necessary.

