

<b>Case Number:</b>	CM14-0070686		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 52 year old female presenting with chronic pain following a work related injury on 11/2/2011. On 2/5/2011, the claimant complained of constant low back pain that radiates to the left lower extremity with numbness and tingling as well as knee pain. The claimant reported pain exacerbated by normal activities of daily living. According to the provider the symptomatology in the patient's elbows, wrist/hands, and left foot is unchanged. The claimant has significant pain with neurological deficits in the left lower extremity. The physical exam of the lumbar spine showed tenderness from the mid to distal lumbar segments, pain with terminal motion, a positive seated nerve root test, dysesthesia at L5, S1 dermatomes, weakness of the ankles and toes, tenderness at the left knee joint line, positive McMurray's sign, positive patellar compression test, and pain with terminal flexion, tenderness at the left foot plantar aspect, left foot drop, weakness in the left ankle and toes. The claimant was diagnosed with lumbar discography, carpal tunnel/double crush syndrome, internal derangement bilateral knees and left foot drop with plantar fasciitis. The claimant is permanently partially disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines; Carpal Tunnel Syndrome (Acute & Chronic).

**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 Pain, Diagnostic Consideration.

**Decision rationale:** Electromyography of the bilateral upper extremities is not medically necessary. 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, computer 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. The claimant had a physical exam consistent with carpal tunnel syndrome; therefore, the additional study is not medically necessary.

**Nerve Conduction Studies of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines; Carpal Tunnel Syndrome (Acute & Chronic).

**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 Pain, Diagnostic Consideration.

**Decision rationale:** Nerve Conduction Studies of the bilateral upper extremities is not medically necessary. Per ODG, 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, computer tomography [CT] for bony structures). Electromyography (EMG)/NCS, 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. The claimant's physical exam was consistent with his diagnosis; therefore, the additional study is not medically necessary.