Case Number:	CM14-0071464		
Date Assigned:	07/16/2014	**Date of Injury:**	11/13/2013
Decision Date:	08/14/2014	**UR Denial Date:**	04/22/2014
Priority:	Standard	**Application Received:**	05/16/2014

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 Pain Management, 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 48-year-old female with date of injury of 11/13/2013. The listed diagnoses per Dr. Diocson Rena dated 04/09/2014 are: 1. Cervical strain. 2. Cervical disk disorder. 3. Lumbar strain. 4. Lumbar disk disorder. 5. Right pubic OS pain. 6. Right T12-L1 paracentral disk protrusion. 7. Bilateral hip partial labral tears. According to this report, the patient complains of pain in the bilateral hands and feet. She also report numbness. Her tailbone hurts due to her neck and back. Sacroiliac joint area hurts. She is receiving acupuncture treatments and starting chiropractic treatments next week. The physical exam shows the patient is alert and is able to ambulate independently. The cervical ranges of motion are full in all directions. Bilateral neck rotation is tender. Bilateral trapezius area is tender. There is some mildly palpable muscle spasm in the bilateral trapezius area. Bilateral Spurling sign is equivocally positive. Lumbar flexion is 30 degrees and painful. Lumbar extension is 10 degrees and painful. Lumbar rotation is restricted and painful to both sides. Seated straight leg raise is negative bilaterally. There is tenderness to palpation over the left lumbar paraspinal muscles with palpable muscle spasms. The left sacroiliac joint is tender. Kemp's test is equivocally positive bilaterally. Muscle strength is 5/5 bilaterally in the lower extremities. There is subjective decreased sensation of the bilateral hands and feet. Reflexes are 2+ in the bilateral patella and ankle. The utilization review denied the request on 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - NCV.

Decision rationale: This patient presents with hand, feet, neck, back, and sacroiliac pain. The treating physician is requesting an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities. The ACOEM Guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of Carpal Tunnel Syndrome (CTS) but may be normal in early or mild cases of CTS. ACOEM page 178 states that unequivocal findings that identify specific nerve compromised on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patient's with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any recent or prior EMG/NCV of the upper extremities. In this case, the patient presents with neurologic dysfunction that an EMG/NCV is reasonable to distinguish between carpal tunnel syndrome and other conditions. The request is medically necessary and appropriate.

NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies.

Decision rationale: This patient presents with hand, feet, neck, back, and sacroiliac pain. The treater is requesting an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities. The ACOEM Guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions such as cervical radiculopathy. Nerve Conduction Study (NCS) and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. ACOEM page 178 states that unequivocal findings that identify specific nerve compromised on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction

velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patient's with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any recent or prior EMG/NCV of the upper extremities. In this case, the patient presents with neurologic dysfunction that an EMG/NCV is reasonable to distinguish between carpal tunnel syndrome and other conditions. The request is medically necessary and appropriate.

EMG bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies.

Decision rationale: This patient presents with hand, feet, neck, back, and sacroiliac pain. The treating physician is requesting an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patient's with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG states that NCV is not recommended. There is minimal justification performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMG/NCS often have low combine sensitivity and specificity in confirming root injury. The records do not show any recent or prior EMG/NCV of the bilateral lower extremities. The progress report dated 04/09/2014 show a positive Fortin finger test, a positive left Gillet test, and a positive Kemp's test bilaterally. Given significant physical findings, the requested EMG/NCV of the bilateral lower extremities is reasonable to determine pathology. The request is medically necessary and appropriate.

NCV bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies.

Decision rationale: This patient presents with hand, feet, neck, back, and sacroiliac pain. The treating physician is requesting an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patient's with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG states that NCV is not recommended. There is minimal justification performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMG/NCS often have low combine sensitivity and specificity in confirming root injury. The records do not show any recent or prior EMG/NCV of the bilateral lower extremities. The progress report dated 04/09/2014 show a positive Fortin finger test, a positive left Gillet test, and a positive Kemp's test bilaterally. Given significant physical findings, the

requested EMG/NCV of the bilateral lower extremities is reasonable to determine pathology. The request is medically necessary and appropriate.