

<b>Case Number:</b>	CM14-0072783		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 58-year-old female employee with date of injury of 12/15/2008. A review of the medical records indicates that the patient is undergoing treatment for lumbar disc displacement; status-post L5-S1 fusion. She has been diagnosed with anxiety and depression. Subjective complaints include numbness and radiating pain down the right arm. Complaints also include pain in the low back that increases with standing or sitting for long periods. She avoids bending and heavy lifting. She said that the pain does not radiate to lower extremities. Objective findings include decreased sensation in the left C6 and right C7 and C8 distribution, weakness of the left upper extremity and the triceps with finger abduction, wrist and finger extension and flexion. She also has muscle guarding, lumbar spine; positive straight leg raise, left and decreased range of motion, lumbar spine, and tenderness to palpation, paralumbar region. Treatment has included chiropractic treatments, PT, acupuncture, and treatment for depression. The records do not define what kind of treatment for depression she received. She was prescribed Soma and Norco. The utilization review dated 5/1/2014 was not medically necessary the request for EMG/NCV bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG / NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 12 Low Back Complaints / ACOEM Chapter 14 Ankle and Foot Complaints; Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states, "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. While the treating physician describes radiculopathy in the upper extremities, there is no documentation of radiculopathy in the lower extremities. The treating physician does not document lumbar radiculopathy, and the medical reason an EMG is needed at this time. In addition, the treating physician's progress note on 5/15/14 noted the request should have been for an EMG of the upper extremity and that a re-request would be submitted. As such, the request for EMG of the bilateral upper extremities is not medically necessary.