

<b>Case Number:</b>	CM14-0131688		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/12/2007
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 47 year old male sustained an injury on June 12, 2007. The mechanism of injury was not included in the provided medical records. Diagnoses included left shoulder decompression and superior labral tear from anterior to posterior repair in 2001, cervical fusion with plate/spacer of C5-6 in 2010, septum surgery, bilateral hernia repair in 2000, and migraines. On June 26, 2014, the injured worker underwent a supraspinatus tendon ultrasound-guided needle tenotomy and platelet rich plasma (PRP) injection. Currently the injured worker was being treated with anti-emetic, non-steroidal anti-inflammatory, beta blocker, oral and topical pain, muscle relaxant, migraine, and anti-histamine medications. On July 29, 2014, the treating physician noted continuing neck, lower back, and left shoulder pain. The neck pain was worse on the right and the pain would be alleviated when the injured worker pushed on a specific area of the neck. The physical exam revealed paraspinous muscle tenderness of the back, tension in the lumbar paraspinals bilaterally, normal gait, no palpable step-offs, pain with extension of the back, and forward flex was hands to shins. The exam of the lower extremities revealed bilateral negative straight leg raise, absent hamstring tightness bilateral, negative bilateral femoral nerve stretch and Faber's tests, normal bilateral posterior tibialis pulses, full range of motion without pain of the bilateral hip flexors, knee flexors, and dorsi flexors; intact sensation bilaterally, and normal strength and reflexes bilaterally. The diagnosis was flare-up of lumbar spine pain with underlying facet syndrome. The physician recommended steroid medication, resubmit request for authorization for topical pain medication and a migraine medication. The injured worker's current work status was not included in the provided medical records. On August 8, 2014,

Utilization Review non-certified a request for electromyography (EMG) bilateral lower extremities requested on August 1, 2014. The electromyography was non-certified based on lack of evidence of radiculopathy in the medical records. The California Medical Treatment Utilization Schedule (MTUS) guidelines, ACOEM (American College of Occupational and Environmental Medicine): Special Studies and Diagnostic and Treatment Consideration and Official Disability Guidelines (ODG): EMGs (electromyography) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. <http://www.guideline.gov/content.aspx?id=38438>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. ACOEM 3rd Edition states that electrodiagnostic studies, which include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Electrodiagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. The progress report dated July 30, 2014 documented normal gait and negative straight leg raise test. Sensation was intact. Motor strength was normal 5/5 in bilateral lower extremities. Deep tendon reflexes were normal. No CT computed tomography, MRI magnetic resonance imaging, or X-ray radiography of the lumbosacral spine results were documented. No evidence of nerve root dysfunction was demonstrated on physical examination. No neurological compromise was demonstrated on physical examination. No significant leg pain or numbness was demonstrated. The request for EMG electromyography of the lower extremities is not supported by MTUS or ACOEM guidelines. Therefore, the request for EMG left lower extremity is not medically necessary.

#### **EMG Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. <http://www.guideline.gov/content.aspx?id=38438>

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