

<b>Case Number:</b>	CM14-0180221		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Pain Management 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 58 year old female with an injury date of 06/11/12. The 09/09/14 Neurologic Consultation report by [REDACTED] states that the patient presents with pain, tightness and tingling sensation of the right shoulder and weakness of the right upper extremity along with constant pain in the upper and lower back. She also presents with occasional right sided headaches that extend to the cervical area, and abdominal pain as well as sleep, mood and memory problems. She is also sad worried and anxious. The 11/19/14 report by [REDACTED], states the patient is to remain off work another 6 weeks. Examination on 09/09/14 reveals straight leg raising is 40 degrees bilaterally and the patient's complete neurological examination is otherwise within normal limits. The 09/16/14 examination by [REDACTED] is hand written and partially illegible and states that light touch sensation: right lateral shoulder, Right (illegible) tip, Right long tip, right small tip are intact. The patient's diagnoses from 09/09/14 and 09/16/14 include: 1. Cervical spine strain 2. Thoracic spine strain 3. Lumbar spine strain 4. Right shoulder surgery (09/13/12) 5. Other problems related to current evaluation 6. Status post assault with trauma to different body parts including the head, face, right shoulder and back 7. Post traumatic head syndrome characterized by headaches, fuzzy vision, sleep disturbance, mood changes and forgetfulness The utilization review being challenged is dated 10/02/14. The rationale regarding EMG studies is that examination findings are not consistent with objective focal neurologic deficit or neuropathic lesion in any extremity. Reports were provided from 06/05/14 to 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG Right Upper Extremities: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Lumbar & Thoracic Chapter, EMGs (electromyography)

**Decision rationale:** The patient presents with pain, weakness and tingling of the right shoulder along with constant upper and lower back pain. She also presents with headaches extending to the cervical area and sleep, mood and memory problems. The provider requests for EMG right upper extremities. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." [REDACTED] does not discuss this request in the reports provided. There is no evidence of a prior EMG/NCV study for this patient. In this case, the patient presents with "pain, tightness and tingling sensation and weakness of the right shoulder" and cervical spine pain. ODG recommends EMG to obtain unequivocal evidence of radiculopathy. Recommendation is medically necessary.

### **EMG Left Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Lumbar & Thoracic Chapter, EMGs (electromyography)

**Decision rationale:** The patient presents with pain, weakness and tingling of the right shoulder along with constant upper and lower back pain. She also presents with headaches extending to the cervical area and sleep, mood and memory problems. The provider requests for EMG left upper extremity. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." [REDACTED] does not discuss this request in the reports provided. In this case, examination does not discuss deficit in the left upper extremity. The 09/09/14 report shows that other than straight leg raise the patient's neurological examination is within normal limits. Therefore, recommendation is for denial.

### **EMG Right Lower Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain, weakness and tingling of the right shoulder along with constant upper and lower back pain. She also presents with headaches extending to the cervical area and sleep, mood and memory problems. The provider requests for EMG right lower extremity. ACOEM guidelines page 303 states, "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 reports provided do not discuss the reason for this request. There is no evidence of a prior EMG study for this patient. The reports clearly show the patient's lower back symptoms have lasted more than 3-4 weeks; however, the 09/09/14 Neurological consult report by [REDACTED] states, "...the patient's neurological examination is stable. There is no evidence of any focal neurological deficit." In this case, recommendation is for denial.

**EMG Left Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain, weakness and tingling of the right shoulder along with constant upper and lower back pain. She also presents with headaches extending to the cervical area and sleep, mood and memory problems. The provider requests for EMG left lower extremity. ACOEM guidelines page 303 states, "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 reports provided do not discuss the reason for this request. There is no evidence of a prior EMG study for this patient. The reports clearly show the patient's lower back symptoms have lasted more than 3-4 weeks; however, the 09/09/14 Neurological consult report by [REDACTED] states, "...the patient's neurological examination is stable. There is no evidence of any focal neurological deficit." In this case, recommendation is for denial.

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI

**Decision rationale:** The patient presents with pain, weakness and tingling of the right shoulder along with constant upper and lower back pain. She also presents with headaches extending to the cervical area and sleep, mood and memory problems. The provider requests for MRI of cervical spine. ODG guidelines, Neck and Upper Back Chapter, MRI, states recommended for indications that include: Chronic neck pain following 3 months conservative treatment, normal radiographs, neurologic signs or symptoms. The provider does not discuss the reason for this request. There is no evidence of a prior MRI cervical for this patient in the reports provided. The patient has chronic "neck" pain as well as "pain and tingling in the right shoulder". It is unclear if this is referred pain from the neck or the result of prior shoulder injury and surgery (09/13/12). The 09/09/14 Neurological consult report states, "Straight leg raising is 40 degrees, bilaterally. The patient's complete neurological examination is otherwise within normal limits, including mental status, exam, cranial nerves, muscle testing, deep tendon reflexes, sensory testing, coordination and gait." In this case, there does not appear to be sufficient evidence of cervical neurologic signs or symptoms. Recommendation is for denial.