

<b>Case Number:</b>	CM14-0187803		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Preventive 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 is a 55 year old patient with date of injury of 07/02/2014 Medical records indicate the patient is undergoing treatment for cervical spine strain/sprain with right upper extremity radiculopathy, lumbar strain/sprain right lower extremity radiculopathy, thoracic spine strain/sprain, right shoulder sprain/strain, right trochanteric bursitis, right knee sprain/strain and right ankle sprain/strain. Subjective complaints include cervical spine pain radiating to bilateral upper extremities, right greater than left, rated 6.5-9/10 with numbness and tingling in bilateral hands. Patient has lumbar spine pain with radiculopathy in the right lower extremity and right foot numbness, pain rated 5.5-6/10; right shoulder pain, right knee pain described as intermittent, rated 5/10, right ankle pain that radiates to foot, described as intermittent and rated 5-8/10 and right hip pain that has improved. Objective findings include antalgic gait. Treatment has consisted of chiropractic therapy, acupuncture, Norco, Flexeril, Voltaren ER, Gabi/Keto/Lido cream and Cyclobenzaprine cream. The utilization review determination was rendered on 10/14/2014 recommending non-certification of Voltage-actuated Sensory Nerve Conduction Threshold for cervical spine and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltage-actuated Sensory Nerve Conduction Threshold for cervical spine and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-194, 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM 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." ODG states in the Low Back Chapter and Neck Chapter, "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. Medical records already indicate clinical obvious radiculopathy. An NCS is recommended against and an EMG would not be indicated in this instance with already obvious clinical radiculopathy. The treating physician has not provided medical documentation to justify electro diagnostic studies at this time. As such, the request for Voltage-actuated Sensory Nerve Conduction Threshold for cervical spine and lumbar spine is not medically necessary.