Case Number:	CM14-0205884		
Date Assigned:	12/17/2014	**Date of Injury:**	09/15/2009
Decision Date:	02/12/2015	**UR Denial Date:**	11/05/2014
Priority:	Standard	**Application Received:**	12/09/2014

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 Occupational Medicine, 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:

Injured worker (IW) sustained a repetitive stress industrial injury to multiple body areas on 09/15/09. 11/04/14 cervical MRI showed disc bulges at C3-4, C5-6, and C6-7, neural foraminal narrowing at C5-6 and C6-7. 10/21/14 initial consultation note documented complaints of progressive pain in the neck, right shoulder, right arm and back. Low back pain was intermittently referred down the posterior legs and calf. There was numbness, tingling, and weakness in the right arm. Treatment to date had included medications, right shoulder injection, and physical therapy. Consultant stated that 05/12/10 upper extremity EMG/NCV studies had been interpreted as normal. Neurological exam revealed weakness of right shoulder external rotation as well as right extensor hallucis longus weakness. Sensation was reduced diffusely in the right upper extremity. EMG and NCV studies of the right upper and lower extremities were ordered to rule out radiculopathy versus peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Right Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,Chronic Pain Treatment Guidelines Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM Guidelines Neck and Upper Back Chapter states: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Per consultation note, previous upper extremity electrodiagnostic studies were interpreted as normal. However, a change in findings since date of last study cannot be ruled out. MTUS and ODG are silent concerning criteria for repeat EMG/NCV studies. Due to documented progression in symptoms, non-diagnostic upper extremity neurological exam, cervical imaging findings which identify potential for nerve root compression, and age of the previous electrodiagnostic studies, repeat EMG and nerve conduction studies are reasonable and medically necessary in order to evaluate for possible cervical radiculopathy or a more distal nerve root lesion.

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Right Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electromyography (EMG).

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) Low Back Chapter, EMGs (electromyography), Nerve conduction studies (NCS)

Decision rationale: ACOEM Guidelines Low Back chapter states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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. Diskography is not recommended for assessing patients with acute low back symptoms." ACOEM Guidelines are silent concerning nerve conduction studies in patients suspected to have lumbar radiculopathy. ODG Low Back chapter states: "EMG's are not necessary if radiculopathy is already clinically obvious." ODG also states: "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." No lumbar imaging is documented. Consideration for surgery is not documented. Based upon documented objective evidence of lumbar radiculopathy per physical exam and lack of support in evidence-based treatment guidelines for nerve conduction studies for

patients suspected of having radiculopathy, medical necessity is not established for the requested lower extremity EMG and nerve conduction studies.