

<b>Case Number:</b>	CM15-0013403		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/13/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 53-year-old female who reported an injury on 04/13/2009. The mechanism of injury was the injured worker's supervisor was driving and fell asleep which caused the car they were in to fall into a canal. Prior therapies included physical therapy, chiropractic treatment, and a right shoulder corticosteroid injection. The injured worker underwent an anterior cervical discectomy and fusion at C5-6. The injured worker had x-rays of the cervical spine and electromyography and nerve conduction studies on 12/17/2014, which revealed a normal study with no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy, or generalized peripheral neuropathy effecting the lower limbs. Documentation of 10/27/2014 revealed the injured worker lost consciousness at the time of the accident, and did not remember specific details of what happened. The injured worker was noted to have 24 visits of physical therapy, which were not helpful. The injured worker underwent neck surgery in 2011. The injured worker complained of pain to the neck associated with pins and needles. The injured worker indicated she had low back pain and complained of a constant aching pain. The injured worker had complaints of radiation of pain, weakness and numbness in the right lower extremity to her toes. The injured worker denied radiation of pain and numbness and tingling or weakness into the left lower extremity. The documentation indicated the injured worker underwent prior diagnostic testing including an EMG, x-rays, and MRIs. Prior surgeries included a right shoulder surgery and neck surgery. The physical examination revealed the injured worker had decreased range of motion of the lumbar spine. Sensation was decreased in the right L3, L4, L5, and S1 dermatomes. The motor strength 4+/5 in the right plantar flexor.

The patella was hyper-reflexic bilaterally, and the Achilles was hyporeflexic bilaterally. There were 2 beats of clonus on the right, and no beats of clonus on the left. The diagnosis included rule out cervical pseudarthrosis and cervical and lumbar HNP, and a diagnosis of cervical and lumbar radiculopathy. The treatment plan included an EMG/NCS of the bilateral upper extremities and lower extremities. The injured worker's prior tests were noted to be outdated from an interventional standpoint. The EMG/NCS was noted to be required in order to rule out causes of neurologic complaints in the upper and lower extremities other than radiculopathy. There is a Request for Authorization submitted for review dated 10/27/2014.

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

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

**EMG/NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, NCS.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that 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. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the request was made in order to rule out causes of neurologic complaints in the upper and lower extremities. The injured worker was noted to previously have undergone an EMG/NCS. There was a lack of documentation indicating the injured worker had a significant change to support the necessity for repeat testing. Given the above, the request for EMG/NCS of the bilateral lower extremities is not medically necessary.