

<b>Case Number:</b>	CM15-0149305		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 30 year old male, who sustained an industrial injury on 8-8-12. He reported pain in his neck, low back and testicles after lifting a heavy object from a squatting position. The injured worker was diagnosed as having cervical herniated nucleus pulposus, cervical radiculopathy, lumbar herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included lumbar trigger point injections x 3 in 2015, a cervical and lumbar MRI on 3-2-15, extracorporeal shockwave therapy for the cervical spine on 3-4-15, an EMG-NCV of the bilateral upper and lower extremities in 2014 and topical and oral medications. As of the PR2 dated 7-15-15, the injured worker reports sharp pain in his neck and lower back and a burning pain in his left testicle. He rates his pain a 6-8 out of 10 and stated that medications only provide him temporary relief and improve his ability to sleep. Objective findings include decreased cervical and lumbar range of motion, a positive straight leg raise test bilaterally and a positive cervical distraction bilaterally. The motor strength is decreased at C5, C6, C7, C8 and T1 secondary to pain in the bilateral upper extremities. The treating physician requested an EMG-NCV of the bilateral upper and lower extremities, shockwave therapy for the cervical spine and shockwave therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV/EMG B. U. E.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for EMG/NCS of the upper extremities is not medically necessary. As per MTUS guidelines, special studies are not needed until 4-6 weeks of conservative care and observation. In the case of peripheral nerve impingement, if no improvement or worsening of symptoms occurs over 4-6 weeks, the electrical studies may be indicated. There was documentation that the patient had weakness of the upper extremities but no clear dermatomes were documented. There were no neurological deficits that were progressive that would require repeat electrodiagnostic testing. These reasons make the use of EMG/NCS medically unnecessary and unlikely to provide any additional helpful information.

**NCV/EMG B. L. E.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

**Decision rationale:** The request for an EMG/NCV of the lower extremities is not medically necessary. EMG/NCV is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. The patient already previous EMG/NCV and there was no documented worsening of nerve dysfunction. The patient has also not failed all conservative therapy. Therefore, the request is not medically necessary.

**Shockwave therapy C/S:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back-Extracorporeal Shock Wave Therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, shock wave therapy.

**Decision rationale:** The request is not medically necessary. MTUS guidelines did not address the use of shock wave therapy for cervical spine. Therefore, ODG guidelines were used. As per ODG, "the available evidence does not support the effectiveness of ultrasound or shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged". Therefore, the request is not medically necessary.

**Shockwave therapy L/S: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Shock Wave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back, shock wave therapy.

**Decision rationale:** The request is not medically necessary. MTUS guidelines did not address the use of shock wave therapy for lumbar spine. Therefore, ODG guidelines were used. As per ODG, "the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged". Therefore, the request is not medically necessary.