

<b>Case Number:</b>	CM15-0183117		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/16/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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

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 60 year old female, who sustained an industrial injury on 11-16-2013. The injured worker is being treated for cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus, lumbar facet arthropathy, cervical and lumbar radiculopathy and right humerus lesion, likely costochondral. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, epidural steroid injections (CESI), lumbar epidural steroid injections (LESI), chiropractic care, physical therapy and modified work. Per the Primary Treating Physician's Progress Report dated 8-10-2015, the injured worker presented for follow-up of neck and low back pain with bilateral shoulder symptoms. She reported an increase in pain since the last visit. She had a CESI at C5-6 on 2-24-2015 with significant pain relief continuously. She reported right shoulder pain with radiation down to the right hand with intermittent numbness. She rated her shoulder pain as 5 out of 10 and denied numbness, tingling or pain in the left arm. She reported low back pain as 8 out of 10 and neck pain as 5 out of 10. Objective findings included limited range of motion in the cervical and lumbar spine. Upper extremity sensation was decreased to the right C5 dermatomes. The plan of care included diagnostic testing and medications. Authorization was requested for EMG (electromyography) and NCV (nerve conduction studies) of the bilateral upper extremities. On 9-03-2015, Utilization Review non-certified the request for EMG and NCV of the bilateral upper extremities citing lack of documented medical necessity.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to ACOEM guidelines, 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. The guidelines also state that EMG for clinically obvious radiculopathy is not recommended. In this case, the injured worker is already noted to have evidence of lumbar radiculopathy on imaging studies and clinical examination. The medical records do not establish concern for peripheral neuropathy in the lower extremities to support the requested diagnostic studies. In addition, the medical records do not establish how electrodiagnostic studies would alter the course of treatment. The request for EMG/NCS of the bilateral lower extremities is not medically necessary and appropriate.