

<b>Case Number:</b>	CM15-0183467		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/27/2015
<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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 38 year old female, who sustained an industrial injury on 09-23-2012. She has reported injury to the neck, right knee, and low back. The injured worker is being treated for cervical spine sprain-strain, rule out herniated nucleus pulposus; cervical radiculopathy; lumbar spine sprain-strain, rule out herniated nucleus pulposus; lumbago; lumbar radiculopathy; bilateral knee sprain-strain, rule out internal derangement; and right knee medial and lateral meniscal tear. Treatment to date has included medications, diagnostics, acupuncture, shockwave therapy, physical therapy, and localized intense neurostimulation therapy (LINT). Medications have included Ibuprofen, Dicoprofanol, Fanatrex, Deprizine, Synapryn, Tabrdol, Cyclobenzaprine, Ketoprofen cream, and topical compounded creams. A progress note from the treating physician, dated 07-30-2015, documented a follow-up visit with the injured worker. The injured worker reported burning, radicular neck pain and muscle spasms; this pain is described as constant, moderate to severe, and rated as 5 out of 10 in intensity, on a pain analog scale; the pain is associated with numbness and tingling of the bilateral upper extremities; burning bilateral wrist and hand pain and muscle spasms; the pain is constant, moderate to severe, and rated as 5 out of 10 in intensity; burning radicular low back pain and muscle spasms; the pain is constant, moderate to severe, and rated as 5 out of 10 in intensity; this pain is associated with numbness and tingling of the bilateral lower extremities; burning bilateral knee pain and muscle spasm; the pain is constant, moderate to severe, and rated as 5 out of 10 in intensity; burning left ankle and foot pain and muscle spasms; this pain is constant, moderate to severe, and rated as 5 out of 10 in intensity; the medications do offer her temporary relief of pain and improve her ability to have

restful sleep; and the pain is also alleviated by activity restrictions. Objective findings included tenderness to palpation at the suboccipital region, as well as over both scalene and trapezius muscles; cervical ranges of motion are decreased; tenderness to palpation over the carpal bones of the wrists with decreased ranges of motion; sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities; tenderness to palpation at the lumbar paraspinal muscles; lumbar spine ranges of motion are decreased; tenderness to palpation over the medial and lateral joint line of the bilateral knees; tenderness to palpation over the medial and lateral malleolus, and over the left heel; posterior and anterior drawer signs are positive bilaterally; slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally; and motor strength is 4 out of 5 in all the represented muscle groups in the bilateral lower extremities. The treatment plan has included the request for EMG (electromyography) right lower extremity; EMG left lower extremity; NCV (nerve conduction velocity) right lower extremity; and NCV left lower extremity. The original utilization review, dated 08-27-2015, non-certified the request for EMG (electromyography) right lower extremity; EMG left lower extremity; NCV (nerve conduction velocity) right lower extremity; and NCV left lower extremity.

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

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

**EMG right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

**Decision rationale:** Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG right lower extremity is not medically necessary.

**EMG left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Low Back - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

**Decision rationale:** Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG left lower extremity is not medically necessary.

**NCV right lower extremity:** 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, NCS.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

**Decision rationale:** Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for NCV right lower extremity is not medically necessary.

**NCV left lower extremity:** 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, NCS.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

**Decision rationale:** Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for NCV left lower extremity is not medically necessary.