

<b>Case Number:</b>	CM15-0185545		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, 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 49 year old male who sustained an industrial injury on 12-2-10. The impression is noted as full body pain, central sensitization. Past medical history is reported as diabetes-type II and severe deconditioning with muscle strength. Previous treatment includes medication, physical therapy, home exercise, electromyography and nerve conduction velocity study-5-5-11, 4-27-12, cervical pillow, transcutaneous electrical nerve stimulation, epidural steroid injections -cervical, thoracic and lumbar spine, facet blocks-cervical, thoracic and lumbar spine, foot brace, functional capacity evaluation, MRI-brain 2013 reported to be normal, and MRI-shoulder, cervical; thoracic; lumbar spine. A 6-24-15 pain management follow up report notes he is able to close his eyes and hold his hands in front of him with palms up without any deviation of his palms. Also noted is a tremor on his right hand. In a pain management follow up evaluation dated 7-30-15, the treating physician notes the injured worker has central sensitization syndrome and currently reports his pain as full body, rated at 7 out of 10. Pain is described as burning, dull, achy, constant, with electrical pain, worse with standing and better with Nortriptyline and Celebrex. The duration is noted to be 4.5 years. On exam, he is sitting in a wheelchair. Mood is noted to be depressed. Reflexes are reported as knees 1+, ankles 2+, biceps 2+, triceps 2+, brachioradialis 2+ and sensory is intact to pinprick in bilateral upper and lower extremities. His gait is antalgic and he is able to stand without supporting himself in the upright position. Tenderness is noted along the entire length of the lumbar and thoracic spine. Straight leg raise is negative bilaterally. In a neurological panel qualified medical evaluation dated 6-29-15, the physician notes, per review of medical records an "abnormal electromyography and nerve

conduction study of bilateral lower extremities per the various reports dated 5-5-11, indicative of demyelinating polyneuropathy and possible L5-S1 radiculopathy" and also notes "abnormal electromyography and nerve conduction study of the upper and lower extremities on 4-27-12 indicative of bilateral C6-7 radiculopathy, moderately severe left ulnar neuropathy at the elbow, and left L4-5 and L5-S1 radiculopathy." In the neurological panel qualified medical evaluation dated 6-29-15, under conclusions, it is noted that "major disability and difficulties are due to his neurological condition, which is secondary to Parkinson's disease." The plan includes Nortriptyline, Celebrex, physical therapy with aquatherapy, (EMG) electromyography of bilateral upper and lower extremities and he is awaiting neurology and internal medicine referrals. A request for authorization is dated 8-6-15. The requested treatment of electromyogram (EMG) study of bilateral upper extremities was non certified on 8-15-15.

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

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

**Electromyogram (EMG) study bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 38.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant does not have radicular symptoms on exam. The claimant had an EMG 2 yrs ago. Obtaining another diagnostic would not offer additional benefit or change plan of care. As a result, the request for the EMG of the upper extremities is not medically necessary.