

<b>Case Number:</b>	CM15-0189643		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/07/2004
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 male individual who sustained an industrial injury on 11-7-04. The medical records indicate that the injured worker is being treated for lumbar disc disease; lumbar radiculopathy; low back pain; post laminectomy syndrome, lumbar spine; degeneration of the cervical intervertebral disc; disease spasm of muscle; cervical disc displacement; cervical radiculitis; erectile dysfunction; chronic pain syndrome. He currently (9-9-15) complains of chronic neck pain radiating to the bilateral upper extremities with upper extremity numbness, tingling, weakness, heaviness; headache. His pain level was 9 out of 10 and has been 8-9 out of 10 from 3-17-15 through 9-9-15. On physical exam there was left trapezius tenderness with axial compression, tenderness to palpation in the trapezial area and restricted range of motion in backward extension, right lateral tilt, left lateral tilt, right rotation, left rotation. Upper extremity sensation to light touch was diminished over the C5 dermatome, over the C6 dermatome. The MRI of the cervical spine (8-19-15) showed extensive laminectomy changes, cord atrophy and myelomalacia, broad based disc bulge; computed tomography of the cervical spine (7-16-15) showing disc bulges and laminectomy changes. He had a caudal steroid epidural injection (9-14-15). He is on Neurontin, nortriptyline, Soma, Anaprox, Viagra, Flexeril transdermal creams, Morphine pain pump. He has tried and failed transcutaneous electrical nerve stimulator unit, physical therapy per the 8-25-15 note. The request for authorization dated 9-14-15 was for electromyography-nerve conduction study of upper and lower extremities. On 9-18-15 Utilization Review non-certified the request for electromyography- nerve conduction study of upper and lower extremities.

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

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

**EMG/NCV of the upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter - Electrodiagnostic Studies (EDS); Nerve Conduction Studies (NCS) and Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the physician has recommended an EMG/NCV of the upper and lower extremities to rule out radiculopathy versus neuropathy. NCV is not recommended on the basis of radiculopathy and there appears to be additional pending imaging studies. The results of the imaging studies should be reviewed prior to continuing with EMG/NCV. The request for EMG/NCV of the upper and lower extremities is determined to not be medically necessary.