

<b>Case Number:</b>	CM15-0191768		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 41 year old male who sustained an industrial injury on 2-19-13. The injured worker reported discomfort in the neck with radiation to the upper extremities, right elbow discomfort and low back discomfort with radiation to the lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain and strain, bilateral upper extremity radiculopathy, tear of infraspinatus tendon right shoulder, lateral epicondylitis right elbow, lumbar spine sprain and strain, lumbar spine multilevel disc bulges and bilateral lower extremity radiculopathy. Medical records dated 8-11-15 indicate "continued pain and stiffness". Provider documentation dated 6-11-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, injection therapy, Tramadol since at least May of 2015, Zanaflex since at least May of 2015 and right shoulder magnetic resonance imaging. Objective findings dated 8-11-15 were notable for tenderness to palpation to the cervical paraspinal with limited range of motion, decreased sensation to bilateral C5, C6 and C7 dermatomes. The original utilization review (8-31-15) denied a request for EMG and NCV of the Bilateral Upper Extremities and Continue treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the Bilateral Upper Extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Electrodiagnostic testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The 41 year old patient complains of neck pain radiating down arms and hands, bilateral shoulder pain, right elbow pain, and low back pain radiating down his legs, as per progress report dated 08/11/15. The request is for EMG/NCV of the bilateral upper extremities. The RFA for this case is dated 08/24/15, and the patient's date of injury is 02/19/13. Diagnoses, as per progress report dated 08/11/15, included cervical sprain/strain, bilateral upper extremity radiculopathy, C6-7 disc bulge and annular tear, bilateral shoulder sprain/strain with tendinosis, right shoulder infraspinatus tendon, right elbow lateral epicondylitis, lumbar sprain/strain, lumbar multilevel disc bulges, and lower extremity radiculopathy. Medications, as per progress report dated 07/24/15, included Tramadol and Zanaflex. Diagnoses, as per this report, included mild cervical residual pain, lumbar radiculopathy, and exacerbated lumbar pain. The patient is temporarily totally disabled, as per progress report dated 07/14/15. For EMG, ACOEM Guidelines, chapter 11, Forearm, Wrist, and Hand Complaints chapter and Special Studies section, page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, a request for EMG/NCV to assess the clinical findings of radiculopathy vs. peripheral neuropathy is noted in progress report dated 08/11/15. The patient has neck pain radiating to arms and hands along with numbness and tingling, and has been diagnosed with clinical bilateral upper extremity radiculopathy. Electrodiagnostic studies may help confirm this diagnosis and help with future care. Hence, the request for EMG/NCV appears reasonable and is medically necessary.

**Continue treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 112, 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The 41 year old patient complains of neck pain radiating down arms and hands, bilateral shoulder pain, right elbow pain, and low back pain radiating down his legs, as per progress report dated 08/11/15. The request is for continue treatment. The RFA for this case is dated 08/24/15, and the patient's date of injury is 02/19/13. Diagnoses, as per progress report 08/11/15, included cervical sprain/strain, bilateral upper extremity radiculopathy, C6-7 disc bulge and annular tear, bilateral shoulder sprain/strain with tendinosis, right shoulder infraspinatus tendon, right elbow lateral epicondylitis, lumbar sprain/strain, lumbar multilevel disc bulges, and lower extremity radiculopathy. Medications, as per progress report dated 07/24/15, included Tramadol and Zanaflex. Diagnoses, as per this report, included mild cervical residual pain, lumbar radiculopathy, and exacerbated lumbar pain. The patient is temporarily totally disabled, as per progress report dated 07/14/15. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In progress report dated 08/11/15, the treater states the patient should continue his present conservative treatment program. It is not clear if the current request for continuation of treatment is related to conservative care or to routine follow-up visits with the treater. While a routine follow-up appears reasonable due to the patient's ongoing pain, the treater does not elaborate the type of conservative care the patient requires. Given the lack of relevant documentation, the request is not medically necessary.