

<b>Case Number:</b>	CM15-0203697		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 57-year-old female who sustained an industrial injury on 11-4-14. The medical records indicate that the injured worker is being treated for chronic sprain-strain of cervicothoracic spine and associated musculoligamentous structures; consider cervical disc intraspinal injury; tendonitis and impingement of the left shoulder; consider cervical radiculopathy; chronic sprain-strain of thoracolumbar spine and associated musculoligamentous structures; L5-S1 left lower extremity radiculopathy; multilevel facet arthropathy; postinjury depressive reaction. She currently (9-2-15) has neck, back and left shoulder pain. The 7-22-15 progress note indicates intermittent slight to moderate aching and stiffness in the neck and left shoulder increased with elevating the left arm; constant low back pain radiating down her leg to the foot increased with prolonged sitting or standing; depressed; weight gain. Physical exam (7- 22-15) revealed tenderness at C2 through C6 and L4 through S1; neck stiffness with decreased range of motion; impingement of her left shoulder with decreased range of motion; decreased range of motion of the back, positive straight leg raise on the left with left foot drop and decreased sensation on the left. In the 6-18-15 physical exam she displayed decreased proprioception in the left great toes, decreased L5 dermatome on the left, decreased reflexes symmetric. An epidural steroid injection was recommended (6-18-15) since conservative measures failed to provide improvement and neurogenic signs and symptoms interfere with her ability to participate in the rehabilitation process and to get back to prior function. Diagnostics included MRI of the lumbar spine (2-6-15) showing mild to moderate facet hypertrophy in the lower lumbar spine. Treatments to date include medication: Ambien, Flexeril, and ibuprofen.

The request for authorization dated 9-2-15 was for electromyography-nerve conduction study to the bilateral upper and lower extremities. On 9-14-15 Utilization Review non-certified, the request for electromyography-nerve conduction study to the bilateral 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 (Electromyography)/NCV (Nerve Conduction Velocity) to bilateral upper/lower extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

**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. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant has radicular symptoms of the lumbar spine. There is no evidence of radiculopathy of the cervical spine. In addition, another MRI was requested for the cervical and lumbar spine. The justification for an EMG/NCV of all extremities is not justified since the cervical imaging is not available and there are no radicular findings. The lower extremities have been correlated with imaging in the past. Therefore, the request for EMG of the upper and lower extremities is not medically necessary.