

<b>Case Number:</b>	CM15-0027437		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 58 year old female, who sustained a work/ industrial injury on 10/19/10 while working for a school district as a guidance counselor while assisting a student who had fallen and had been hit by another student who bumped into her side. She has reported symptoms of backache that flared up with weakness in the left foot. Prior medical history was not documented. The diagnoses have included aggravation of chronic strain and sprain of the cervicothoracic spine and associated musculoligamentous structures. Treatments to date included medication, acupuncture, and physical therapy. Diagnostics included a Magnetic Resonance Imaging (MRI) that reported multilevel disc disease. The physician's progress report of 7/17/14 noted functional changes since prior exam. There was increased pain and weakness. A request was for an electromyogram /nerve conduction velocity due to the numbness, tingling, and weakness in the left leg. The PR-2 dated 10/16/14 noted continued back pain and right rib pain that radiated to the back and hip, (L>R) with no functional change from prior visit. On 2/12/15, Utilization Review non-certified a Electromyography (EMG), body parts unspecified QTY: 1; Nerve Conduction Velocity (NCV), body parts unspecified QTY: 1, noting California Medical treatment Utilization Schedule (MTUS) Guidelines and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG), body parts unspecified QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, has the following regarding EMG studies.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Electromyography EMG body parts unspecified qty. 1. For EMG of the lower extremity, the ACOEM guidelines, page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." For EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. Progress reports dated 1/22/15, 12/4/14 and 10/16/14 states "no change" since last examination and provides no examination findings. These reports are hand written and grossly illegible. Progress report dated 9/4/14, states that the patient presents with neck and back tenderness and there was again no physical examination. A request for "EMG/NCV studies of the upper and lower extremities" was made on this date. Progress report dated 7/17/14 states that the patient has increase in back pain with radiating pain down left leg. The treating physician states that "extensor hallucis longus strength is essentially equal but for the radicular complaints, I am requesting the benefit of EMG, nerve conduction studies for second opinion as to radiculopathy." This request is for EMG/NCV for "body parts unspecified." Although progress report dated 9/4/14 requested EMG/NCV of both upper and lower extremities, the only progress report that provided a physical examination discusses low back radicular symptoms only. Request for Authorization (RFA) states this is a request for "EMG/NCV." In this case, it cannot be assumed which extremities the treating physician is attempting to further investigate. One report directs its concern for both upper and lower extremities and another report only for the lower extremity. Recommendation cannot be made for an undetermined request. This request IS NOT medically necessary.

**Nerve Conduction Velocity (NCV), body parts unspecified QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS).

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Nerve Conduction Velocity NCV body parts unspecified QTY. 1. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." Progress reports dated 1/22/15, 12/4/14 and 10/16/14 states "no change" since last examination and provides no examination findings. These reports are hand written and grossly illegible. Progress report dated 9/4/14, states that the patient presents with neck and back tenderness and there was again no physical examination. A request for "EMG/NCV studies of the upper and lower extremities" was made on this date. Progress report dated 7/17/14 states that the patient has increase in back pain with radiating pain down left leg. The treating physician states that "extensor hallucis longus strength is essentially equal but for the radicular complaints, I am requesting the benefit of EMG, nerve conduction studies for second opinion as to radiculopathy." This request is for EMG/NCV for "body parts unspecified." Although progress report dated 9/4/14 requested EMG/NCV of both upper and lower extremities, the only progress report that provided a physical examination discusses low back radicular symptoms only. Request for Authorization (RFA) states this is a request for "EMG/NCV." In this case, it cannot be assumed which extremities the treating physician is attempting to further investigate. One report directs its concern for both upper and lower extremities and another report only for the lower extremity. Recommendation cannot be made for an undetermined request. This request IS NOT medically necessary.