

<b>Case Number:</b>	CM15-0211515		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Emergency 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 29 year old male, who sustained an industrial injury on 12-18-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc displacement, cervical sprain and strain and partial tear of rotator cuff tendon of the left shoulder. MRI of the lumbar spine dated 05-07-2015 showed posterior annular tear at L5-S1 and 2 mm broad based posterior disc protrusion resulting bilateral neural foraminal narrowing with bilateral exiting nerve root compromise. Treatment has included pain medication, work hardening sessions, physical therapy and multi-interferential stimulator unit. Documentation shows that conservative treatments for low back and left shoulder pain were attempted since at least 05-16- 2015 with no significant pain relief noted. Subjective complaints (06-11-2015 and 07-13-2015) included constant severe low back and left shoulder pain and constant moderate neck pain. Objective findings (06-11-2015 and 07-13-2015) included +3 spasm and tenderness of the bilateral cervical paraspinal muscles from C2-C5, bilateral suboccipital muscles, bilateral lumbar paraspinal muscles from L1-L5 and multifidus, left rotator cuff and upper shoulder muscles, positive bilateral Kemp's test, positive left straight leg raise and positive Yeoman's test bilaterally. The physician noted that nerve conduction velocity (NCV)-electromyography (EMG) testing of the left upper extremity and right lower extremity was being requested due to radicular complaints and positive MRI findings with possible nerve root compromise. A utilization review dated 09-18-2015 non-certified requests for EMG-NCV LUE and EMG-NCV RLE.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV LUE:** 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): Special Studies.

**Decision rationale:** The requested EMG/NCV LUE is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back and left shoulder pain and constant moderate neck pain. Objective findings (06-11-2015 and 07-13-2015) included +3 spasm and tenderness of the bilateral cervical paraspinal muscles from C2-C5, bilateral suboccipital muscles, bilateral lumbar paraspinal muscles from L1-L5 and multifidus, left rotator cuff and upper shoulder muscles, positive bilateral Kemp's test, positive left straight leg raise and positive Yeoman's test bilaterally. The treating physician has not documented physical exam findings indicative of nerve compromise such as deficits in dermatomal sensation, reflexes or muscle strength or positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCV LUE is not medically necessary.

**EMG/NCV RLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested EMG/NCV RLE is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back and left shoulder pain and constant moderate neck pain. Objective findings (06-11-2015 and 07-13-2015) included +3 spasm and tenderness of the bilateral cervical paraspinal muscles from C2-C5, bilateral

suboccipital muscles, bilateral lumbar paraspinal muscles from L1-L5 and multifidus, left rotator cuff and upper shoulder muscles, positive bilateral Kemp's test, positive left straight leg raise and positive Yeoman's test bilaterally. The treating physician has not documented physical exam findings indicative of nerve compromise such as deficits in dermatomal sensation, reflexes or muscle strength or positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCV RLE is not medically necessary.