

<b>Case Number:</b>	CM15-0037783		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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 (IW) is a 36-year-old female who sustained an industrial injury on 03/12/2009. She has reported low back pain, left greater than right, and neck pain into the bilateral upper extremities rated 9/10 without medications and 7/10 with medications. Diagnoses include headaches, cervical radiculopathy, cervical signs and symptoms, lumbar radiculopathy, lumbar signs and symptoms, shoulder signs and symptoms, wrist signs and symptoms, insomnia, anxiety and depression. Treatment to date includes medication and medication management with monitoring. A progress note from the treating provider dated 01/12/2015 indicates the IW has tenderness with spasms of the lumbar spine and cervical spine with decreased range of motion due to end range neck pain. Spurling's and cervical distraction tests are bilaterally positive. There is tenderness to palpation over bilateral acromioclavicular joints, subacromial regions, greater tubercles, as well as a tenderness and myospasm palpable over bilateral rotator cuff muscles. The elbows show no tenderness or myospasm in either elbow and the elbow range of motion is within normal limits in all planes bilaterally. The wrist range of motion is reduced bilaterally, more on the right side due to end range wrist pain. Palpation reveals tenderness in both wrists and hands, more on the right side. Treatment plans include continued medication with medication monitoring, urine drug screens. Requests were made for authorization for EMG & NCV of bilateral upper extremities and cervical paraspinal muscles. Requests were made for a right shoulder arthrogram, a right wrist /hand MR arthrogram, and a request was made for authorization of an orthopedic spinal surgeon consultation. On 01/27/2015, Utilization Review

non-certified a request for Electromyography (EMG)/nerve conduction velocity (NCV) of bilateral lower extremities. The MTUS-ACOEM Guidelines were cited.

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

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

**Electromyograph (EMG)/nerve conduction velocity (NCV) of bilateral lower extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS).'

**Decision rationale:** The 36-year-old patient complains of low back pain radiating to lower extremities, neck pain radiating to upper extremities, headaches, bilateral shoulder pain. As well as bilateral wrist pain, loss of sleep, anxiety and depression, as per progress report dated 01/12/15. The request is for ELECTROMYOGRAPH (EMG) / NERVE CONDUCTION VELOCITY (NCV) OF BILATERAL LOWER EXTREMITIES. The RFA for this case is dated 01/12/15, and the patient's date of injury is 03/12/09. The pain is rated at 7/10 with medications and 9/10 without medications, as per progress report dated 01/12/15. Diagnoses included headaches, cervical sprain/strain, cervical radiculopathy, lumbar radiculopathy, lumbar sprain/strain, shoulder sprain/strain, wrist sprain/strain, insomnia, anxiety and depression. The patient is off work, as per the same progress report. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, a request for EMG/NCV of bilateral upper and lower extremities is noted in progress report dated 01/12/15 but the treater does not explain the purpose. The UR letter, however, states that the request is for EMG/NCV of the lower extremities only. Progress reports do not document prior electrodiagnostic studies. The patient suffers from low back pain and bilateral lower extremity pain. Physical examination reveals tenderness in lumbar paraspinal muscles and decreased range of motion. However, there is no indication of numbness, tingling or loss of sensation. Hence, the request IS NOT medically necessary.