

<b>Case Number:</b>	CM14-0115346		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old male who sustained work-related injuries on March 29, 2014. Per May 14, 2014 progress report the injured worker was involved in a motor vehicle accident which was a head on collision. He was brought to the emergency room and X-rays showed fracture of the left tibia and subsequently surgery was done on the left leg. On examination of the neck, full range of motion and no cervical radiculopathy was noted. Low back examination noted non-tenderness. Per medical records dated May 29, 2014, he complained of pain and pressure in the head which travels into the right arm. Numbness and muscle cramps were noted. He also complained of back pain which travels to the right leg with noted muscle cramps and numbness. Bilateral knee pain was also reported. On examination, positive right cervical compression was noted. Straight leg raising test and Kemp's test elicited radicular signs to the right. McMurray's test was positive with noted valgus and varus as well as left myospasm. Muscle strength was 4/5 at the right C5-T1 left and L5-S1 dermatomes. Range of motion was decreased by 20 to 60%. Most recent progress note dated July 9, 2014 is mostly illegible and hard to read. Apparently, the injured worker complained of shoulder pain, neck pain, and bilateral ankle pain with decrease in range of motion that is accompanied with numbness and weakness as well as spasm. Objectively, cervical spine range of motion was limited by pain. Swelling was noted in the bilateral knees. Sensation was decreased in the bilateral upper abdomen and trigger point was noted on the left knee, and bilateral ankle/feet. He was recommended to undergo physical therapy twice a week for six weeks. He is diagnosed with (a) cervical spine, thoracic spine, and lumbar spine enthesopathy, (b) enthesopathy of the knee, left ankle and tarsus, and (c) cervical spine and lumbar spine radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Lower Extremity: Upheld**

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

**MAXIMUS 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), Electrodiagnostic Studies (EDS) Official Disability Guidelines (ODG), EMGs (electromyography) Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS)

**Decision rationale:** Although there are radicular signs, a magnetic resonance imaging scan is the first and preferred diagnostic study following a low back pain that has been persistent after 21 to 28 days of office visit. This is to confirm if there are any extruded disks with nerve root displacement after more than one month of conservative treatment, only then would an electromyogram/nerve conduction velocity test be warranted in order to confirm if the injured worker is in fact exhibiting radicular symptoms most especially if diagnostic imaging studies do not provide clear-cut indications. In this case, following the injured worker's motor vehicle accident that occurred on March 29, 2014, only X-rays were performed and he has been under oral medications. Progress notes dated July 9, 2014 indicated that the injured worker was referred to undergo physical therapy to which results were not provided to check its efficacy. Due to ongoing conservative treatment and the injured worker has not yet undergone a magnetic resonance imaging scan, it is recommended that this request should be put on hold until efficacy of conservative treatments have been evaluated. Moreover, the decrease in sensation does not represent any specific dermatomal distribution. Therefore, the electromyogram of the left lower extremity is not medically necessary.

**NCV Left Lower Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** Although there are radicular signs, a magnetic resonance imaging scan is the first and preferred diagnostic study following a low back pain that has been persistent after 21 to 28 days of office visit. This is to confirm if there are any extruded disks with nerve root displacement after more than one month of conservative treatment, only then would an electromyogram/nerve conduction velocity test be warranted in order to confirm if the injured worker is truly exhibiting radicular symptoms most especially if diagnostic imaging studies do not provide clear-cut indications. In this case, following the injured worker's motor vehicle accident that occurred on March 29, 2014, only X-rays were performed and he has been under oral medications. Progress notes dated July 9, 2014 indicated that the injured worker was referred to undergo physical therapy to which results were not provided to check its efficacy.

Due to ongoing conservative treatment and the injured worker has not yet underwent an magnetic resonance imaging scan, it is recommended that this request should be put on hold until efficacy of conservative treatments have been evaluated. Moreover, the decrease in sensation does not represent any specific dermatomal distribution. Therefore, the nerve conduction velocity test of the lower left extremity is not medically necessary.

**NCV Right Lower Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic Studies (EDS) Official Disability Guidelines (ODG), EMGs (electromyography) Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS)

**Decision rationale:** Although there are radicular signs, a magnetic resonance imaging scan is the first and preferred diagnostic study following a low back pain that has been persistent after 21 to 28 days of office visit. This is to confirm if there are any extruded disks with nerve root displacement after more than one month of conservative treatment, only then would an electromyogram/nerve conduction velocity test be warranted in order to confirm if the injured worker is in fact exhibiting radicular symptoms most especially if diagnostic imaging studies do not provide clear-cut indications. In this case, following the injured worker's motor vehicle accident that occurred on March 29, 2014, only X-rays were performed and he has been under oral medications. Progress notes dated July 9, 2014 indicated that the injured worker was referred to undergo physical therapy to which results were not provided to check its efficacy. Due to ongoing conservative treatment and the injured worker has not yet underwent an magnetic resonance imaging scan, it is recommended that this request should be put on hold until efficacy of conservative treatments have been evaluated. Moreover, the decrease in sensation does not represent any specific dermatomal distribution. Therefore, the requested nerve conduction velocity test of the right lower extremity is not medically necessary.

**EMG Right Lower Extremity: Upheld**

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

**MAXIMUS 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), Electrodiagnostic Studies (EDS) Official Disability Guidelines (ODG), EMGs (electromyography) Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS)

**Decision rationale:** Although there are radicular signs, a magnetic resonance imaging scan is the first and preferred diagnostic study following a low back pain that has been persistent after 21 to 28 days of office visit. This is to confirm if there are any extruded disks with nerve root displacement after more than one month of conservative treatment, only then would an

electromyogram/nerve conduction velocity test be warranted in order to confirm if the injured worker is in fact exhibiting radicular symptoms most especially if diagnostic imaging studies do not provide clear-cut indications. In this case, following the injured worker's motor vehicle accident that occurred on March 29, 2014, only X-rays were performed and he has been under oral medications. Progress notes dated July 9, 2014 indicated that the injured worker was referred to undergo physical therapy to which results were not provided to check its efficacy. Due to ongoing conservative treatment and the injured worker has not yet underwent an magnetic resonance imaging scan, it is recommended that this request should be put on hold until efficacy of conservative treatments have been evaluated. Moreover, the decrease in sensation does not represent any specific dermatomal distribution. Therefore, the requested nerve conduction velocity test of the right lower extremity is not medically necessary.