

<b>Case Number:</b>	CM14-0121822		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 38 years old female who was injured on 11/12/2013. The diagnoses are bilateral shoulders, elbows, hips, cervical spine, thoracic spine and lumbar spine pain. There are associated diagnoses of gastritis, insomnia, anxiety and depression. On 6/9/2014, [REDACTED] noted subjective complaint of 8/10 pain score on a scale of 0 to 10. There was low back pain radiating to the lower extremities associated with tenderness of the lumbar paraspinal muscles. On 7/10/2014, [REDACTED] noted objective findings of positive straight leg raising sign, decreased sensation along the L4, L5 and S1 dermatomes and weakness to bilateral big toe dorsiflexion and plantar flexion. [REDACTED] stated that the lumbar radiculopathy had already been confirmed by electrodiagnostic studies. But on 3/12/2014, [REDACTED] reported on an EMG/NCV result suggestive of sensory neuropathy. [REDACTED] was not able to complete needle EMG or complete NCV because the patient was not able to tolerate the needle stimulation. The patient completed acupuncture and PT treatments. The medications are capsaicin patch, tramadol and naproxen for pain. A Utilization Review determination was rendered on 7/22/2014 recommending non certification for EMG and NCV of Left and Right Upper Extremities. result suggestive of sensory neuropathy. [REDACTED] was not able to complete needle EMG or complete NCV because the patient was not able to tolerate the needle stimulation. The patient completed acupuncture and PT treatments. The medications are capsaicin patch, tramadol and naproxen for pain. A Utilization Review determination was rendered on 7/22/2014 recommending non certification for EMG and NCV of Left and Right Upper Extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram of the Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5 Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back. Lower Extremities

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG studies can be utilized for the evaluation and diagnoses of lumbar radiculopathy and neuropathy when diagnoses cannot be established by routine history and clinical examination. The records did not indicate the presence of radiographic findings to support the presence of radiculopathy. ■■■■■ had indicated that electrodiagnostic studies had already been conducted. ■■■■■ was unable to complete an EMG/NCV in March 2014 because the patient was not able to tolerate the needle. Studies have shown that EMG completed transcutaneously without the needle have limited diagnostic value. The criterion for the EMG of the right lower extremity was not met. The request is not medically necessary.

**Electromyogram of the Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG studies can be utilized for the evaluation and diagnoses of lumbar radiculopathy and neuropathy when diagnoses cannot be established by routine history and clinical examination. The records did not indicate the presence of radiographic findings to support the presence of radiculopathy. ■■■■■ had indicated that electrodiagnostic studies had already been conducted. ■■■■■ was unable to complete an EMG in March 2014 because the patient was not able to tolerate the needle. Studies have shown that EMG completed transcutaneously without the needle have limited diagnostic value. The criterion for the EMG of the left lower extremity was not met. The request is not medically necessary.

**Nerve Conduction Velocity of the Right Lower Extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain Low Extremities

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NCV studies can be utilized for the evaluation and diagnoses of lumbar radiculopathy and neuropathy when diagnoses cannot be established by routine history and clinical examination. The records did not indicate the presence of radiographic findings to support the presence of radiculopathy. ■■■■■ had indicated that electrodiagnostic studies had already been conducted. ■■■■■ was unable to complete an NCV in March 2014 because the patient was not able to tolerate the needle. Studies have shown that EMG/NCV completed transcutaneously without the needle have limited diagnostic value. The criterion for the NCV of the right lower extremity was not met. The request is not medically necessary.

**Nerve Conduction Velocity of the Left Lower Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back. Low Extremities

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NCV studies can be utilized for the evaluation and diagnoses of lumbar radiculopathy and neuropathy when diagnoses cannot be established by routine history and clinical examination. The records did not indicate the presence of radiographic findings to support the presence of radiculopathy. ■■■■■ had indicated that electrodiagnostic studies had already been conducted. ■■■■■ was unable to complete an NCV in March 2014 because the patient was not able to tolerate the needle. Studies have shown that EMG/NCV completed transcutaneously without the needle have limited diagnostic value. The criterion for the NCV of the left lower extremity was not met. The request is not medically necessary.