

<b>Case Number:</b>	CM14-0143915		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 & Rehabilitation and is licensed to practice in New York. 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 54-year-old female who reported an injury on 09/07/2012 due to an unknown mechanism. Diagnoses were lumbosacral sprain/strain with radiculitis but no radiculopathy, right shoulder strain with right shoulder impingement syndrome. Physical examination dated 06/17/2014 revealed that the injured worker had an injection into her right shoulder with no benefit. She has had physical therapy and this was of no help. The injured worker has had acupuncture and shock wave treatment with no help. It was reported that the injured worker was referred for arthroscopic surgery which she is holding off on at the moment. It was also reported that the injured worker was not interested in any type of epidural steroid injections. MRI of the right shoulder revealed osteophyte formation that involved the inferior humeral head with cartilage thinning that involved the inferior glenohumeral joint, and small partial bursal surface tears of the supraspinatus tendon with supraspinatus and subscapularis tendinosis. Examination of the upper extremities revealed biceps and triceps reflexes were 2+ and symmetrical. There was no motor deficit of either upper extremity. Impingement sign was positive in the right shoulder. Evaluation of the left shoulder revealed full range of motion without pain. Tinel's sign, Phalen's sign, and Finkelstein's tests were negative bilaterally on the upper extremities. Examination of the lumbar spine revealed no paralumbar tenderness. There was mild tenderness in the mid line. There was mild right SI joint tenderness. Straight leg raising was to 50 degrees and caused back pain, but no leg pain. Lower extremities reflexes at the knees was 2+ and symmetrical, ankles were 2+ and symmetrical. There was a negative Babinski's sign. There was no motor deficit of either lower extremity. There was no sensory deficit with the pin wheel of the lower extremities. It was reported that the injured worker had only mild radiculitis and it was felt that she did not need any epidural steroid injections, nor did

she need EMG/nerve conduction studies of either lower extremity at that time. The rationale and Request for Authorization were not submitted.

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

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

#### **Electromyography EMG Right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** The CA MTUS/ACOEM states 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 neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography (EMG), including H reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Discography is not recommended for assessing patients with acute low back symptoms. There was no unequivocal objective findings of a nerve compromise on the neurologic examination. It was reported that the injured worker did not need EMG studies of the lower extremities at this time. There were no other significant factors provided to justify an electromyography (EMG) of the right lower extremity. Therefore, this request is not medically necessary.

#### **Electromyography EMG Left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** The CA MTUS/ACOEM states 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 neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography (EMG), including H reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Discography is not recommended for assessing patients with acute low back

symptoms. There was no unequivocal objective findings of a nerve compromise on the neurologic examination. It was reported that the injured worker did not need EMG studies of the lower extremities at this time. There were no other significant factors provided to justify an electromyography (EMG) of the left lower extremity. Therefore, this request is not medically necessary.

**Nerve Conduction Studies NCV Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies (NCS)

**Decision rationale:** The Official Disability Guidelines state that nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systemic review and META analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/Nerve Conduction Studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines do not recommend nerve conduction studies without electromyography testing too. It was reported in the physical examination that electromyography was not recommended. It was not reported that a nerve conduction study was to be recommended. The rationale for nerve conduction study of the lower extremity was not provided. The injured worker did not have any red flag sign or symptom upon examination. Based on the lack of documentation detailing and clear indication for the use of a Nerve Conduction Study of the Right Lower Extremity, this request is not medically necessary.

**Nerve Conduction Studies NCV Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies

**Decision rationale:** The Official Disability Guidelines state that nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systemic review and META

analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/Nerve Conduction Studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines do not recommend nerve conduction studies without electromyography testing too. It was reported in the physical examination that electromyography was not recommended. It was not reported that a nerve conduction study was to be recommended. The rationale for nerve conduction study of the lower extremity was not provided. The injured worker did not have any red flag sign or symptom upon examination. Based on the lack of documentation detailing and clear indication for the use of a Nerve Conduction Study of the Left Lower Extremity, this request is not medically necessary.