

<b>Case Number:</b>	CM15-0011532		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 was a 63 year old male, who sustained an industrial injury, April 8, 2013. The injured worker was diagnosed with right shoulder tendonitis/bursitis, should labrum tear, shoulder rotator cuff tear, thoracic sprain/strain, cervical radiculopathy, lumbosacral radiculopathy and shoulder impingement. The injured worker previously received the following treatments right shoulder surgery in April 2014, postoperative physical therapy, pain medication, crutches/cane for ambulation, acupuncture, cervical and lumbar epidural injections ad pain medication. According to progress note of January 5, 2015, the injured workers chief complaint was chronic cervical pain and lumbar spine. The right shoulder discomfort due to right shoulder surgery. The injured worker was having difficulty with daily activities, lifting, pushing, pulling and overhead shoulder activity. On December 8, 2014, the primary treating physician requested EMG/NCS (electromyography and nerve conduction studies) of the bilateral lower extremities. On January 13, 2015, the utilization review denied authorization for EMG/NCS (electromyography and nerve conduction studies) of the bilateral lower extremities. The utilization Reviewer referenced MTUS/ACOEM and ODG guidelines for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary (updated 11/21/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 63 year old patient is status post right shoulder surgery, and has been diagnosed with shoulder tendinitis/bursitis, shoulder labrum tear, shoulder rotator cuff tear, thoracic sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, and shoulder impingement, as per progress report dated 01/05/15. The request is for EMG/NCV OF BILATERAL LOWER EXTREMITIES. There is no RFA for this case, and the patient's date of injury is 04/18/13. The patient has been allowed to return to modified work, as per progress report dated 01/05/15. 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, the available progress reports do not document prior EMG/NCV. However, the patient has already been diagnosed with lumbosacral radiculopathy, as per progress report dated 01/05/15. ODG guidelines recommend electrodiagnostic studies to diagnose radiculopathy. The treating physician in this case has not indicated if there is a medical need to rule out peripheral neuropathy vs. radiculopathy. Hence, the purpose of the current request is not known, and IS NOT medically necessary.