

<b>Case Number:</b>	CM15-0175996		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 72 year old male, who sustained an industrial injury on May 28, 2013, incurring low back, mid back, and upper back injuries. He was diagnosed with lumbosacral sprain, lumbar disc disease, thoracic sprain, neck sprain, left rotator cuff sprain, cervical disc disease and spinal stenosis of the lumbar spine. Treatment included anti-inflammatory drugs, pain medications, physical therapy and home exercise program with activity restrictions and modifications. Currently, the injured worker complained of severe lower back pain radiating to his lower extremities and bilateral shoulder pain radiating down into his upper extremities. He noted tingling and numbness down into his hands. He had difficulty walking due to the lower back pain. He rated his pain 6 out of 10 on a pain scale from 1 to 10. The injured worker noted some limited range of motion of the left shoulder interfering with his activities of daily living. Magnetic Resonance Imaging of the lumbar spine revealed severe degenerative disc disease and cervical Magnetic Resonance Imaging showed neural foraminal narrowing. The treatment plan that was requested for authorization on September 8, 2015, included Electromyography studies of the right upper extremity, Electromyography studies of the left upper extremity, Nerve Conduction Velocity studies of the right upper extremity and Nerve Conduction Velocity studies of the left upper extremity. On August 25, 2015, a request for Electromyography studies and Nerve Conduction Velocity studies of the bilateral upper extremities was non-approved by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG right upper extremity X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinically obvious, mild sensory deficits in a radicular distribution on physical exam. Normal foramen narrowing is also diagnosed in the medical documentation related to the patient's spinal MRI. Reportedly, mild sensory changes in the arm have not been treated with conservative measures, including bracing or injection therapy. Therefore, based on the submitted medical documentation, the request for right upper extremity EMG testing is not-medically necessary.

**EMG left upper extremity X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinically obvious, mild sensory deficits in a radicular distribution on physical exam. Normal foramen narrowing is also diagnosed in the medical documentation related to the patient's spinal MRI. Reportedly, mild sensory changes in the arm have not been treated with conservative measures, including bracing or injection therapy. Therefore, based on the submitted medical documentation, the request for left upper extremity EMG testing is not-medically necessary.

**NCS right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of back pain, shoulder pain and arm pain. The patient has had foraminal narrowing demonstrated on MRI imaging. Per ODG, NCV is not indicated for the bilateral lower extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. There is no documentation that this patient has failed conservative measures with splinting or injection therapy. Therefore, based on the submitted medical documentation, the request for right upper extremity nerve conduction studies is not-medically necessary.

**NCS left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of back pain, shoulder pain and arm pain. The patient has had foraminal narrowing demonstrated on MRI imaging. Per ODG, NCV is not indicated for the bilateral lower extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. There is no documentation that this patient has failed conservative measures with splinting or injection therapy. Therefore, based on the submitted medical documentation, the request for left upper extremity nerve conduction studies is not-medically necessary.