

<b>Case Number:</b>	CM15-0092642		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/09/2015
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Emergency Medicine

### 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 46 year old female, who sustained an industrial injury on 3/9/15. She has reported initial complaints of upper and low back pain after holding a heavy door and catching a student who passed out in the operating room. The diagnoses have included cervical strain, thoracic strain/sprain, lumbar strain, cervical and lumbar radiculopathy, lumbar discogenic pain and sciatica. Treatment to date has included medications, activity modifications, ice/heat, physical therapy and home exercise program (HEP) with stretching exercises. Currently, as per the physician progress note dated 4/29/15, the injured worker is post neurosurgery consult and the physician recommends the injured worker should have MRI of the lumbar spine and Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper and lower extremities. The physician noted that the injured worker is attending physical therapy with no improvement. The objective findings reveal limited mobility in the cervical and lumbar areas with tenderness noted in the cervical and lumbar areas. There was positive tenderness to palpation of the shoulder girdles. The injured worker takes Ibuprofen as needed for pain. The diagnostic testing that was performed included x-rays and Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. The diagnostic reports were not included in the records. The physical therapy notes were included in the records. The physician requested treatments included MRI of the lumbar spine and Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper and lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. No plan for surgery or invasive procedures. There is no documented neurologic dysfunction only documentation of pain. Patient was noted to have completed only 6 physical therapy sessions and undergoing home stretching. Patient has yet to fully complete conservative therapy program or attempt other medications to aid in recovery. The documentation fails to support an MRI under criteria set by MTUS guidelines. MRI of lumbar spine is not medically necessary.

**Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 182, 272, 309 and 377.

**Decision rationale:** EMG and NCV of upper extremities requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat routine evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is no change in physical exam and no exam or history that is consistent with nerve entrapment. There is no rationale provided for requested test. NCV is not medically necessary As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested for condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary. EMG (Electro-myelography) and NCV (Nerve Conduction Velocity) studies of lower extremities are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There is no

neurological deficits documented. There is no motor deficit. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary. Patient does not meet a single requirement for EMG/NCV of upper or lower extremities. Not recommended.