Case Number:	CM13-0025696		
Date Assigned:	11/20/2013	**Date of Injury:**	04/26/2004
Decision Date:	01/31/2014	**UR Denial Date:**	09/09/2013
Priority:	Standard	**Application Received:**	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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 65-year-old male who reported an injury on 04/26/2004. The mechanism of injury was lifting. The patient's initial course of treatment is unclear; however, he is noted to have had fusion of the L3, L4, and L5 in 2002 with decompression of L2, a decompression of L4, and anterior and posterior fusion, site unspecified in 2007. He is also noted to have had a rotator cuff repair and a right shoulder arthroplasty in 2007. The patient's current medications include Norco 10/325 mg twice a day, Crestor 40 mg once a day, and omeprazole once daily. The patient is known to have had at least 21 sessions of acupuncture that decreased his pain from a level of 5/10 to 3/10 and increased his range of motion. Also included in the medical records is an MRI of the lumbar spine dated 04/01/2013. Findings of this study include no spinal canal or neural foraminal compromise. There was however, a fluid collection noted at the L5-S1 level most likely representing a seroma. The patient's current complaints include chronic spinal and musculoskeletal pain, as well as stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for the lower extremities: Overturned

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

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

Decision rationale: California MTUS Guidelines do not address the use of electrodiagnostic testing; therefore, ACOEM was supplemented. ACOEM Guidelines state that imaging studies, to include electrodiagnostic studies, are indicated when unequivocal objective findings that identify specific nerve compromise are found on the neurologic examination. When the neurologic examination is less clear however, further physiological evidence of nerve dysfunction should be obtained before ordering a study. Electromyography in particular, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks and are used in identifying disc protrusions. In the most recent clinical notes submitted for review dated 08/14/2013, the patient is reported to have a positive straight leg raise on the left but intact sensation and no significant decrease in reflexes or muscle tone. Also, MRI done in 04/2013 stated there was no spinal stenosis or disc protrusions in the lumbar spine. Without more objective supporting documentation showing possible neurologic compromise, electrodiagnostic testing is not indicated at this time. As such, the request for electromyography (EMG) lower extremities 08/14/2013 is non-certified.

Nerve conduction study (NCS) lower extremities: Overturned

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

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: California MTUS and ACOEM Guidelines do not address nerve conduction studies; therefore, Official Disability Guidelines were supplemented. Official Disability Guidelines do not recommend nerve conduction studies as they have limited overall diagnostic accuracy in detecting disc herniation with suspect radiculopathy. Due to the patient's MRI results showing no disc herniation and lack of significant objective findings of radiculopathy, there is no indication for an NCS. As such, the request for nerve conduction study (NCS) lower extremities 08/14/2013 is non-certified.

Electromyography (EMG) right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180.

Decision rationale: California MTUS Guidelines do not address the use of electrodiagnostic studies; therefore, ACOEM Guidelines were supplemented. ACOEM Guidelines give certain criteria that must be met for ordering imaging studies including emergence of a red flag,

physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Guidelines also state EMGs and nerve conduction velocity studies may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. However, the most recent note dated 08/14/2013 did not contain any objective documentation pointing to a neurologic deficit. Upper extremity reflexes, sensation, and motor strength did not reveal any significant deficits, although the Spurling's test was positive. There is not enough supporting documentation in the clinical records to indicate any nerve root dysfunction at this time. As such, the request for electromyography to the right upper extremity 08/14/2013 is non-certified.

Nerve conduction study (NCS) right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180.

Decision rationale: California MTUS Guidelines do not address the use of nerve conduction velocity testing; therefore, ACOEM Guidelines were supplemented. ACOEM Guidelines state that EMG and nerve conduction studies can be performed to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. In the clinical records submitted for review, the patient shows no sensory loss in the upper extremities and only mild decrease in muscle tone and reflexes. There is no other objective documentation submitted to indicate the patient has any neurological deficits. As such, the need for a nerve conduction study is not warranted at this time and the request for nerve conduction study (NCS) right upper extremity 08/14/2013 is non-certified.