

<b>Case Number:</b>	CM13-0050968		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and left upper extremity pain reportedly associated with an industrial injury of August 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of November 4, 2013, the claims administrator denied request for electrodiagnostic testing of the upper and lower extremities, noting that the applicant did have an MRI of lumbar spine on March 25, 2013 notable for multilevel low-grade disk protrusions and disk bulges of uncertain clinical significance. The applicant's attorney subsequently appealed. A clinical progress note of November 4, 2013 is notable for comments that the applicant reports ongoing neck pain, low back pain, and bilateral upper extremity pain. The applicant exhibited limited range of motion about the lower extremities with normal lower extremity reflexes. A positive Spurling maneuver was noted about the cervical spine. Electrodiagnostic testing of the upper and lower extremities was sought. The applicant was given Tramadol for pain relief, along with a rather proscriptive 5-pound lifting limitation. In an earlier note of October 7, 2013, the applicant was described as off of work, on total temporary disability. The applicant reportedly denied complaints referable to cervical spine on this occasion. The applicant reported continuous low back pain radiating down the left leg. The applicant also reported intermittent left upper arm pain, 3-8/10. The applicant also reported issues with depression, anxiety, and psychological stress. Sensation about the lower extremities was decreased in the L4-L5 distribution bilaterally, it was noted. The applicant attributed her symptoms to cumulative trauma while working as an accounts payable clerk. Electrodiagnostic testing of upper and lower extremities was sought, along with physical therapy and Tramadol.

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

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

### **EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned**

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction. In this case, the applicant in fact has ongoing complaints of low back pain radiating to lower extremities with hypoesthesias and dyesthesias also appreciated about the same. Earlier MRI imaging was nondiagnostic or equivocal. EMG testing to help delineate the extent of the applicant's pathology pertaining to the lumbar spine is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

### **NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ELECTROMYOGRAPHY SECTION.

**Decision rationale:** The MTUS does not address the topic of nerve conduction testing of the bilateral lower extremities. As noted in the Third Edition ACOEM Guidelines, Low Back Chapter, however, nerve conduction testing is usually normal in suspected radiculopathies. While nerve conduction testing could have been supported if there was evidence of a systemic disease process such as diabetes or hypertension which might have made a peripheral neuropathy more likely, in this case, however, the applicant specifically denied issues with hypertension, diabetes, or other systemic disease process on an office visit of October 7, 2013. Accordingly, the request for nerve conduction testing of bilateral lower extremities is not certified, on Independent Medical Review.

### **EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do recommend EMG testing to clarify diagnosis of suspected nerve root dysfunction in applicants in whom disk herniation is suspected preoperatively, in this case, however, it is not clear what is suspected insofar as the cervical spine is concerned. In an office visit of October 7, 2013, the attending provider specifically stated that the applicant denied any problems referable to the cervical spine or right upper extremity. Thus, the attending provider's reporting does not support the presence of any complaints referable to the cervical spine or right upper extremity, making it difficult to support EMG testing of the bilateral upper extremities. Therefore, the request is not certified as there is no evidence that the applicant has any symptoms referable to the cervical spine or asymptomatic right upper extremity.

**NCV OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** Again, while the MTUS Guideline in ACOEM Chapter 8, page 178 does support EMG and NCV testing to help identify subtle, focal neurologic dysfunction in applicants with persistent neck and/or arm complaints, in this case, however, the applicant's symptoms are confined to the symptomatic left upper extremity. There is no mention of any symptoms referable to the right upper extremity or the cervical spine, effectively obviating the need for NCV testing of the bilateral upper extremities. Therefore, the request is not certified, on Independent Medical Review.