

<b>Case Number:</b>	CM13-0051486		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 injured worker is a 55-year-old female who reported an injury on July 27, 2010, secondary to a motor vehicle accident. Current diagnoses include neck pain, cervical neuralgia, low back pain, and lumbosacral radiculitis. The injured worker was evaluated on September 9, 2013. The injured worker reported persistent lower back and neck pain. Physical examination revealed moderate spasm in the cervical spine, mild apprehension, positive axial compression testing, intact sensation in bilateral upper extremities, positive shoulder impingement testing bilaterally, 5/5 motor strength in bilateral upper extremities, an antalgic gait, tenderness to palpation of the lumbar spine, positive straight leg raising bilaterally, intact sensation in bilateral lower extremities, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included a cervical and lumbar MRI, EMG (Electromyogram)/NCS (nerve conduction study), and a neurology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS OF LEFT LOWER EXTREMITY:** 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): 303-305.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify, subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the documentation submitted, the injured worker demonstrated intact sensation in bilateral lower extremities with 5/5 motor strength bilaterally. There was no evidence of radiculopathy upon physical examination. Therefore, the medical necessity for the requested electrodiagnostic study has not been established. The request for an EMG/NCS of the left lower extremities is not medically necessary or appropriate.

**EMG/NCS OF THE RIGHT LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify, subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the documentation submitted, the injured worker demonstrated intact sensation in bilateral lower extremities with 5/5 motor strength bilaterally. There was no evidence of radiculopathy upon physical examination. Therefore, the medical necessity for the requested electrodiagnostic study has not been established. The request for an EMG/NCS of the right lower extremities is not medically necessary or appropriate.

**EMG/NCS OF THE RIGHT UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** The MTUS Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. According to the documentation submitted, the injured worker demonstrated intact sensation in bilateral upper extremities with 5/5 motor strength bilaterally. There was no evidence of radiculopathy upon physical examination. The request for an EMG/NCS of the right upper extremities is not medically necessary or appropriate.

**EMG/NCS OF THE LEFT UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** The MTUS Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. According to the documentation submitted, the injured worker demonstrated intact sensation in bilateral upper extremities with 5/5 motor strength bilaterally. There was no evidence of radiculopathy upon physical examination. The request for an EMG/NCS of the left upper extremities is not medically necessary or appropriate.