

<b>Case Number:</b>	CM13-0015265		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 54-year-old with a reported date of injury of 03/29/2012. The patient has the diagnoses of L4-5 and L5-S1 disc degeneration with neuroforaminal stenosis and left shoulder internal derangement. Past treatment modalities have include epidural injections, acupuncture and physical therapy. Per the progress notes provided by the treating physician dated 08/06/2013, the patient had complaints of severe back pain that radiates to the right leg with weakness and numbness, the physical exam noted pain with range of motion, intact sensation in the lower extremities and positive bilateral straight leg raises. Treatment recommendations included refill of medications and request for epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF RIGHT LOWER EXTREMITY:** 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): 303-309.

**Decision rationale:** The ACOEM chapter on low back complaint recommends Electromyography (EMG)/Nerve Conduction Velocity (NCV) only for clarify nerve root

dysfunction and not recommended for clinically obvious radiculopathy. The provided documentation states the patient has diagnoses of radiculopathy and has already had an MRI. There is no documentation of sensory deficits on physical exam and no mention of need for clarification of nerve root dysfunction. For these reason the request has not met guideline recommendations and thus is not medically necessary and appropriate.

**EMG OF LEFT LOWER EXTREMITY:** Upheld

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