

<b>Case Number:</b>	CM13-0015817		
<b>Date Assigned:</b>	10/10/2013	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 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 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:

Patient is a 47 year old woman with a date of injury of May 5, 2003. The injury is a cumulative trauma to multiple body parts. The patient has a right sided carpal tunnel release in 2011, right shoulder rotator cuff repair and two dozen 11, lumbar trigger point injections in 2002 and cervical facet blocks in February 2013. There was a pars fracture at L5-S1 and disc desiccation at L5-S1 with loss of height and a diffuse disc protrusion at L4-5 and a right-sided disc protrusion at L5-S1 on MRI 7/2012. Physical exam showed right positive SLR and L5 sensory changes on 3/2013. There have been requests for ESI bilaterally at L4-5 and L5-S1 but no electrodiagnostics done for evaluation. The patient is on chronic opioid treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left lower extremity:** Overturned

**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.

**Decision rationale:** CA MTUS low back chapter page 303, states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients

with low back symptoms lasting more than three or four weeks." this patient has MRI finding consistent with the right-sided radiculopathy and a right-sided electrodiagnostic study has been authorized. Guidelines also recommend that testing be done to identify subtle, focal neurological dysfunction in patients with low back symptoms. It would be appropriate to study both lower extremities to identify possible neurological dysfunction. There is diffuse disc protrusion at L4-5 and a pars fracture at L5 - S1 which could lead to central spinal issues. Therefore it would be appropriate to examine both lower extremities in testing. Therefore, testing of the left side would be appropriate.

**NCS Left lower extremity:** Overturned

**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.

**Decision rationale:** CA MTUS low back chapter page 303, states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." this patient has MRI finding consistent with the right-sided radiculopathy and a right-sided electrodiagnostic study has been authorized. Guidelines also recommend that testing be done to identify subtle, focal neurological dysfunction in patients with low back symptoms. It would be appropriate to study both lower extremities to identify possible neurological dysfunction. There is diffuse disc protrusion at L4-5 and a pars fracture at L5 - S1 which could lead to central spinal issues. Therefore it would be appropriate to examine both lower extremities in testing. Therefore, testing of the left side would be appropriate.