

<b>Case Number:</b>	CM13-0048293		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Orthopedic Surgery, 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:

This is a 48-year-old gentleman who was injured on 3/27/12. The clinical records for review include a 9/24/13 follow up assessment indicating ongoing complaints of shoulder pain and low back pain that is noted to be worsening with radiating pain to the lower extremities. Physical examination specific to the lumbar spine demonstrated tenderness to palpation with no gross motor deficit, equal and symmetrical reflexes, and no sensory findings. The working assessment at that time was of musculoligamentous strain to the lumbar spine with radiculopathy. Repeat electrodiagnostic studies were recommended for further diagnostic interpretation. Further review of clinical records indicate previous electrodiagnostic studies dated 1/31/13 showed bilateral L5 nerve root irritation. There is no documentation of previous lumbar imaging available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT EMG OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter,EMG.

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

**Decision rationale:** Based on California MTUS Guidelines, electrodiagnostic testing to be repeated in this case would not be supported. CA MTUS 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." At present, the claimant's physical examination findings do not demonstrate evidence of acute radicular process. There is no indication of focal motor, sensory, or reflexive change. Given previous electrodiagnostic studies already performed, the claimant would be with no acute indication of need for repeat testing with no indication of acute clinical examination findings. Request is not medically necessary.

**REPEAT NCS OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NCS.

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

**Decision rationale:** Based on California MTUS Guidelines, electrodiagnostic testing to be repeated in this case would not be supported. CA MTUS 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." At present, the claimant's physical examination findings do not demonstrate evidence of acute radicular process. There is no indication of focal motor, sensory, or reflexive change. Given previous studies already performed, the claimant would be with no acute indication of need for repeat nerve conduction study testing with no indication of acute clinical examination findings. Request is not medically necessary.