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| <b>Case Number:</b>   | CM13-0053828 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/28/2009 |
| <b>Decision Date:</b> | 03/18/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/19/2013 |

### 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 Emergency Medicine and is licensed to practice in Texas. 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:

The patient is a 37-year-old female who reported an injury on 08/28/2009. The patient reportedly sustained a work related continuous trauma injury which occurred secondary to repetitive physical strain. The patient is diagnosed with cervical spine sprain, lumbar spine sprain with bilateral lower extremity radiculitis, status post right shoulder arthroscopy with Mumford procedure, right shoulder sprain and strain, and right wrist tendonitis. The patient was seen by [REDACTED] on 10/11/2013. The patient reported constant neck pain with bilateral shoulder pain, lower back pain, and radiation to bilateral lower extremities. Physical examination of the lumbar spine revealed decreased range of motion, positive Kemp's testing, positive straight leg raising, tenderness to palpation, and bilateral lower extremity radiculitis. Treatment recommendations included a lumbar spine MRI, an NCS of the lumbar spine, and a followup visit in 4 to 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction studies (NCS) for the lumbar spine:** 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): 303-305.

**Decision rationale:** California MTUS/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 3 or 4 weeks. There was no documentation of a significant change or progression of the patient's symptoms or physical examination findings. The patient has previously undergone electrodiagnostic testing of the lower extremities on 12/06/2010, which reported normal findings. The medical necessity for a repeat nerve conduction study has not been established. There is also no documentation of a recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.