

<b>Case Number:</b>	CM13-0058808		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/24/2008
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine and Rehabilitation, 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 60-year-old female who reported an injury on 2/24/08. The mechanism of injury was not specifically stated. The patient is currently diagnosed with chronic pain syndrome, unspecified derangement of the shoulder, spinal stenosis of the lumbar region, and spondylosis without myelopathy. The patient was seen by [REDACTED] on 11/5/13. The patient reported left shoulder pain. The patient also reported right lower extremity numbness. Physical examination revealed diminished lumbar range of motion, positive straight leg raising on the right, and intact sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for EMG of the bilateral lower extremities:** 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): 303-305.

**Decision rationale:** The California MTUS/ACOEM practice guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. As per the documentation submitted, there is

evidence of right lower extremity symptoms that seem to be in the L5-S1 dermatome. The patient also demonstrated slightly decreased deep tendon reflexes. EMG would identify the problem and direct interventions such as an epidural steroid injection in the future. Based on the clinical information received, the request is certified.

**The request for NCV of the bilateral extremities:** 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): 303-305.

**Decision rationale:** The California MTUS/ACOEM practice guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. As per the documentation submitted, there is evidence of right lower extremity symptoms that seem to be in the L5-S1 dermatome. The patient also demonstrated slightly decreased deep tendon reflexes. NCV would identify the problem and direct interventions such as an epidural steroid injection in the future. Based on the clinical information received, the request is certified.