

<b>Case Number:</b>	CM13-0061367		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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 62 year old female with dates of cumulative trauma injury 6/19/2007 through 6/19/2008. The most current medical record, a primary treating physician's progress report, dated 12/19/2013, lists subjective complaints as pain in the lumbar spine, cervical spine, bilateral knees, left greater than right and bilateral shoulders, left greater than right. She states that her pain increases with cold weather. Objective findings: Examination of the lumbar spine revealed decreased range of motion. There was tenderness to palpation along lumbar paraspinal musculature with paraspinal spasms and tightness. Examination of the bilateral shoulders revealed decreased range of motion. There was tightness to palpation on the greater tuberosity of the humerus. Impingement maneuvers were positive. There are no imaging studies of the lumbar spine available for review. Diagnosis: 1. Segmental instability spondyloolosthesis at L4-L5, herniated lumbar disc L4-L5 with radiculopathy, left greater than right, status post LESI x3, laminectomy, foraminotomy 2. Left knee strain/sprain, history of arthroscopic surgery x2 with degenerative joint disease 3. Right knee strain/sprain 4. Cervical spine strain/sprain 5. Right shoulder strain/sprain 6. Left shoulder sprain/strain 7. Right elbow sprain/strain with epicondylitis 9. Right wrist and hand strain/sprain 10. Left wrist and hand strain/sprain 11. Gastritis 12. Anxiety/depression 13. Insomnia 14. Fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lower extremity Electromyography/Nerve Conduction Velocity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 382-383.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar EMG/NCS.

**Decision rationale:** According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There are no imaging studies supporting the need electrodiagnostic testing. In addition, the patient has already undergone a L4-L5 discectomy. The physical exam and history reveal no specific findings suggesting lumbar radiculopathy. Therefore this request is not medically necessary.