

<b>Case Number:</b>	CM13-0065846		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/03/1991
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 68 year old female that reported an injury on 04/03/1991 with a mechanism of injury was not provided in the medical record for review. Surgical history listed is lateral L3-4 and L4-5 lumbar decompression 01/2013, shoulder surgery bilateral, knees surgery. The clinical note for 04/14/2013 noted that the patient was progressing, she reported that her back pain was gone but still had aching in her legs with walking, the patient did not respond well to acupuncture treatments. The clinical note dated 10/29/2013 the patient complained of low back pain radiating down her lower extremities bilaterally with fatigue. She stated that her leg symptoms were worse than her back. The description was as a continuous annoying and fatiguing pain that worsens with standing or when she attempts to walk more than 15 minutes. The pain level varied from 3/10 to 10/10. The symptoms noted to improve with sitting and when the patient was in a supine position. The patient medication is Percocet for pain that she reported she used sparingly and take atorvastatin 40 mg daily. On examination the patient ambulates in a normal fashion, no noted decreased muscle strength, positive tests, was able to do the toe stand and heel stand to command. The patient was noted to have mild left ADF weakness on heel walking but she has plantar fasciitis there as well. Noted to have tenderness at facet L3-5 and at the bilateral S1 joint. The MRI dated L4-5; post-operative changes relating to L3-4 and L4-5 decompressive laminectomies, mild underlying multilevel degenerative disease without significant residual canal stenosis, persistent multilevel neural foraminal narrowing as outlined. X-ray Lumbar Spine dated 10/29/2013 noted prominent degenerative disease of the cervical spine with loss of normal cervical lordosis and inversion of the lordosis at C4-5, there is a 3 mm anterior listhesis of C3 and C4. Prominent bilateral transverse processes of T1. Prominent degenerative disease of the thoracic spine with loss of intervertebral disc space height, sclerotic irregular endplates and marginal osteophytes. Disc degenerative disease of the lumbar spine,

more prominent at L3-4 and L4-5. There is a 2 mm anterior listhesis of L3 on L4 and there is a 6mm listhesis on L4 and L5. There is moderate sacroiliac degenerative disease, moderate vascular calcifications of the abdominal aorta and bilateral iliac arteries. XR Scoliosis study 10/29/2013 noted no significant scoliosis, no significant coronal imbalance. There is a 1.8 mm sagittal imbalance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Electromyography, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM states that the criteria for ordering imaging studies are: physiologic evidence of tissue insult or neurologic dysfunction failure to progress in a strengthening program or for clarification of the anatomy prior to an invasive procedure, electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The lack of documentation on the patients upper extremities in the medical records reviewed makes this request non-certified.

#### **NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Electromyography, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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