

<b>Case Number:</b>	CM14-0106086		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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 59-year-old female with a date of injury on 05/20/2013 where a large flat screen television fell on her head, neck, and back. She was diagnosed with cervical pain but negative electromyography/nerve conduction velocity (EMG/NCV) of bilateral upper extremities (BUE) on 06/03/2014, right shoulder pain, left shoulder adhesive capsulitis, and question of thoracic outlet syndrome. MRI lumbar spine shows some mild disc bulging and some mild foraminal stenosis at a few levels. The request is for EMG and NCV of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Lumbar Spine and Pain

**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, EMG AND NCV

**Decision rationale:** MTUS is silent on this subject and ODG states EMG/MCV can be used to help elucidate diagnosis of nerve injury, radiculopathy, plexopathy, peripheral nerve disorders,

or primary muscle disorders. The data provided does not state this patient has findings of lower extremity radiculopathy, nor is the MRI consistent with significant pathology to suggest pathology. As such, there is no evidence to support the guidelines for EMG or NCV bilateral of the lower extremities.

**NCV 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), Lumbar Spine and Pain

**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, EMG AND NCV

**Decision rationale:** As above for request #1, MTUS is silent on this subject and ODG states EMG/MCV can be used to help elucidate diagnosis of nerve injury, radiculopathy, plexopathy, peripheral nerve disorders, or primary muscle disorders. The data provided does not state this patient has findings of lower extremity radiculopathy, nor is the MRI consistent with significant pathology to suggest pathology. As such, there is no evidence to support the guidelines for EMG or NCV bilateral of the lower extremities.