

<b>Case Number:</b>	CM14-0118931		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/06/1986
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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:

This patient is 65 year old female who developed chronic cervical and lumbar problems secondary to a slip and fall on 4/6/86. She has been diagnosed with chronic cervical pain and post laminectomy syndrome with visual analog scale (VAS) scores between 7-10/10. She has been treated with cervical fusion at 2 levels, lumbar laminectomy L3-5 bilaterally on 3/14/12, and SI joint fusion. A lumbar MRI on 3/14/13 reveal advanced lumbar spondylosis with associated instability and multilevels of foraminal stenosis. No cord myelopathic changes were noted. She has long term complaints of generalized weakness with the left side feeling weaker than the right. Notes from the secondary treating physicians (pain management and spinal surgeon) document normal upper extremity sensation, reflexes and strength. These same notes document diminished sensation right L3-S1, with intact motor function bilaterally. These findings are chronic and stable. There are no bowel or bladder complaints documented in the records reviewed. She has developed complaints on numbness to the left face and neck with a neurological consultation pending for these symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Needle Electromyography of the Anal Sphincter (Date of Service 01/16/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology information, <http://www.ncbi.nlm.nih.gov/pubmed/10086902>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** MTUS Guidelines do not specifically address this aspect of electrodiagnostic testing, but Guidelines do address EMG testing and support its use when there is evidence of neurological disorders that are not well defined with other studies. This is an extension usual and customary EMG testing looking for neurologic disorders that may be affecting the urinary or bowel control. There is no documentation of bowel or bladder loss of control or complaints. There is no documentation of a deteriorating neurological condition affecting the spine. The anal sphincter electromyography is not medically necessary.