

<b>Case Number:</b>	CM14-0153657		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 64-year-old female who reported an injury on 12/12/2003. The mechanism of injury involved a fall. Current diagnoses include myofascial pain syndrome, mild to moderate L5 radiculopathy, and NSAID induced gastritis. A Request for Authorization Form was submitted on 08/26/2014 for electrodiagnostic studies of the upper and lower extremities. However, the latest physician progress report submitted for this review is documented on 06/20/2014. Previous conservative treatment is noted to include bracing, medications, physical therapy, acupuncture, and home exercise. The injured worker presented with complaints of frequent neck pain, constant upper and lower back pain, and right shoulder pain. Physical examination revealed moderately restricted lumbar range of motion, multiple myofascial trigger points, positive cervical compression testing, decreased sensation in the right upper extremity, decreased sensation at the back of the right thigh and calf area, and diminished motor strength in the right upper extremity. Treatment recommendations at that time included continuation of the current medication regimen, home exercises, aquatic therapy, and deep breathing exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) and Neuromuscular Electrical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability

Duration Guidelines, Neck and Upper Back (Acute and Chronic), Low Back, Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state electromyography may be useful to help identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, there was no evidence of an acute motor deficit that would warrant the need for bilaterally lower extremity electrodiagnostic testing at this time. As such, the request cannot be determined as medically appropriate.

**NCV of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) and Neuromuscular Electrical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute and Chronic), Low Back, Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state electromyography may be useful to help identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, there was no evidence of an acute motor deficit that would warrant the need for bilaterally lower extremity electrodiagnostic testing at this time. As such, the request cannot be determined as medically appropriate.