

<b>Case Number:</b>	CM14-0204300		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice 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 54 year-old woman who was injured at work on 11/27/2001. The injury was primarily to her back. She is requesting review of denial for an electrodiagnostic study of the lower & upper extremities. Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. Her last documented office visit was on 11/7/2014. The patient continued to describe low back pain. An examination of the back demonstrated limitations of flexion of the spine along with tenderness and spasm over the paravertebral musculature. The lower extremities were examined and were "normal for motor, reflex and sensory." The diagnosis was: Herniated Disc/Lumbar Spine. She was prescribed opioids, muscle relaxants and topical analgesic creams. An MRI of the cervical and lumbar spine were ordered. Finally, there was a request for electrodiagnostic studies of the upper & lower extremities. In the Utilization Review process the CA/MTUS/ACOEM Guidelines were cited as the rationale for non-certification. Specifically, there was no documentation to indicate that the patient had upper extremity neurologic complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodiagnostic study lower & upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (s) 261, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-326.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation of patients with low back complaints. As part of the evaluation, these guidelines recommend an assessment on history and physical examination for "red flag" signs that are suggestive of neurologic impingement. The guidelines also comment on the use of electrodiagnostic testing. They state: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The guidelines go further to describe the "Evaluation of Slow-To-Recover Patients with Occupational Low Back Complaints" (Figure 12-3/Page 313). In those patients with no neurologic symptoms, electrodiagnostic studies were not recommended. In this case, there is no documentation that the patient is having any neck or upper extremity symptoms. Further, the examination of the patient's lower extremities was normal. Under these conditions the use of electrodiagnostic studies of the upper & lower extremities is not considered as medically necessary.