

<b>Case Number:</b>	CM15-0167793		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/15/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old female sustained an industrial injury on 2-15-15. She subsequently reported neck, back, right shoulder and arm pain. Diagnoses include lumbar strain and sprain. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of neck, bilateral shoulder, upper back, bilateral wrist and hand and low back pain. Upon examination of the cervical spine, there was reduced range of motion, tenderness and positive shoulder depression test was noted. Examination of the shoulders revealed tenderness in the rotator cuff, decreased range of motion and positive Hawkin's on the left. The lumbar examination revealed tenderness and reduced range of motion. Straight leg raising test was positive on the right. The treating physician made a request for EMG/NCS of the Lower Extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostic studies.

**Decision rationale:** MTUS Guidelines supports the use of EMG studies when there are subtle neurological changes that are not well defined by other means, this individual meets these criteria. ODG Guidelines provide additional details and they do not support nerve conduction studies for clear radiculopathy syndromes. However, this is a reasonable exception to the recommendations regarding nerve conduction studies. The subjective complaints of distal extremity numbness neuropathic type of pain is consistent with a potential peripheral neuropathy and the only method of accurate diagnosis include electrodiagnostics with nerve conduction velocities. Under these circumstances, the EMG/NCS of the Lower Extremities is supported by Guidelines and is medically necessary.