

<b>Case Number:</b>	CM15-0033185		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 52-year-old male who reported an injury on 07/02/2013. The mechanism of injury involved heavy lifting. The current diagnoses include continuous trauma, cervical strain, thoracic strain, lumbosacral strain, and bilateral shoulder strain. The latest physician progress report submitted for review was documented on 12/02/2014. The injured worker presented for an orthopedic re-evaluation with complaints of neck pain as well as lower back pain. Upon examination of the lumbar spine, there was tenderness to palpation. There was also tenderness over the cervical and thoracic spine as well as anterior tenderness of the bilateral shoulders with an inability to elevate the arm past 140 degrees. Recommendations at that time included several diagnostic studies to include an MRI of the cervical, thoracic, and lumbar spine, as well as an MRI of the bilateral shoulders and a referral to a pain management specialist. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral lower and upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines 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. In this case, there was no mention of a recent attempt at any conservative treatment for the low back prior to the request for electrodiagnostic studies. There was no evidence of a significant musculoskeletal or neurological deficit upon examination. As the medical necessity has not been established, the request cannot be determined as medically appropriate. Furthermore, there was also no documentation of a significant musculoskeletal or neurological deficit with regard to the bilateral upper extremities. Given the above, the request is not medically appropriate in this case.