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| <b>Case Number:</b>   | CM15-0042591 |                              |            |
| <b>Date Assigned:</b> | 03/12/2015   | <b>Date of Injury:</b>       | 08/08/2010 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 02/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2015 |

### 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:

The injured worker is a 47-year-old female who sustained an industrial injury on 08/08/2010. The industrial injury occurred while putting a client into a car. Diagnoses include lumbar stenosis, degenerative disc disease lumbar spine with radiculopathy, moderated cervical stenosis with contact and distortion of the cervical cord, and degenerative disc disease of the cervical spine with radiculopathy. Treatment to date has included medications, home exercise program, 20 sessions of acupuncture, 19 sessions of chiropractic therapy, and 12 sessions of physical therapy. A physician progress note dated 12/22/2014 documents the injured worker complains of persistent low back pain, and right lower extremity weakness and intermittent numbness with rest. She rates her pain as moderated and is 7 out of 10 on the pain scale. She also has neck pain that radiates to the bilateral shoulders. Pain is worse in her left shoulder and she rates it as 8 out of 10, and she has associated numbness and weakness down the left upper extremity. Treatment requested is for retrospective request for outpatient EMG (electromyography)/NCV (nerve conduction velocity), provided on date of service: 01/06/11. There are reported to have been strength and sensation changes affecting the lower extremities. The electrodiagnostic testing revealed a likely L4 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for outpatient EMG (electromyography)/NCV (nerve conduction velocity), provided on date of service: 01/06/11: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** MTUS Guidelines support the use of electrodiagnostic studies when there are persistent neurological changes that are not well defined. From the records available for review, there were clinical findings suggestive of a possible radiculopathy in addition to subjective complaints of numbness and pain in the lower extremity. Under these circumstances, the 1/06/11 electrodiagnostic testing was/is supported by Guidelines and was medically necessary.