

<b>Case Number:</b>	CM15-0084210		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 64-year-old male patient who sustained an industrial injury on 04/08/2013. The diagnoses include lumbosacral radiculopathy, and cervical radiculopathy. Per the primary treating office visit dated 04/13/2015, he had complaints of chronic pain in the cervical and lumbar spines. He had residual pain in the right shoulder, status post-surgical intervention. Physical examination revealed spasm and tenderness in the paravertebral muscles and with decreased range of motion in the lumbar spine; dyesthesia in C6, C7, L4, L5 and S1 dermatomal distribution bilaterally. He will remain on modified work duty. The current medications list is not specified in the records provided. He has undergone right shoulder surgery. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** Request: EMG/NCV of lower extremities Per ACOEM chapter 12 guidelines, "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." Per the records provided patient has chronic pain in the lower back and physical examination revealed dyesthesia in L4, L5 and S1 dermatomal distribution bilaterally. These symptoms have lasted more than three or four weeks. Therefore, it is medically necessary to perform EMG/NCS of the bilateral lower extremities to evaluate the neurological symptoms and to differentiate it from other causes besides lumbar radiculopathy. The request for EMG/NCV of lower extremities is medically appropriate and necessary for this patient at this time.