

<b>Case Number:</b>	CM14-0115509		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old female with a work injury dated 8/18/13. The diagnoses include right shoulder strain; right cervical strain with radiculitis; thoracolumbar strain with bilateral L5 radiculitis. Under consideration is a request for EMG/NCV bilateral extremities for low back pain. There is a primary treating physician report dated 5/19/14 that states that the patient complains of right shoulder pain radiates into the shoulder, arm, hand, fingers, buttock, leg. Symptoms include tingling, burning, stabbing pain, weakness, numbness. She has severe back pain radiates into the shoulder, fingers, hand, buttock, leg, knee, ankle, foot, toes. Symptoms include tingling, burning pain, stabbing pain, weakness, numbness. She has right knee pain which radiates into the toes, foot, ankle, knee, leg, and buttock. On exam positive the right knee patellofemoral compression and crepitation as well as positive Apley's test and McMurray's sign. There was positive medial and patellofemoral joint line tenderness in the right knee. Right knee extension was 5 degrees and flexion 90 degrees. Gait was antalgic due to right knee pain as well as a mildly antalgic gait due to low back pain. Lumbar forward flexion was 60 degrees, extension 10 degrees with pain, as well as right and left lateral bending 20 degrees. Faber testing was positive on the right and left. There was mention of tenderness in the anterolateral subacromial and lateral deltoid to the right shoulder, positive impingement sign, positive supraspinatus sign, positive AC (acromioclavicular) joint tenderness, and positive crepitus in the right shoulder. Right shoulder range of motion for flexion was 165 degrees, abduction 175 degrees, extension 45 degrees, external rotation 80 degrees, internal rotation 75 degrees, adduction 35 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral extremities for low back pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** EMG/NCV of the bilateral extremities for low back pain is not medically necessary per the ACOEM MTUS guidelines. The guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both or low back symptoms, lasting more than three or four weeks. The documentation is not clear on the reason for electrodiagnostic testing. Without clarification the request cannot be certified and the request for EMG/NCV bilateral extremities for low back pain is not medically necessary.