

<b>Case Number:</b>	CM14-0116034		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/05/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

There were 81 pages for this review. The request for independent medical review was signed on July 24, 2014. It was for electromyography and nerve conduction study of the lower extremities. Per the records provided, the mechanism of injury was moving a heavy object. The medicines were not stated. There was a right shoulder arthroscopy on November 2013 as well as a lumbar fusion surgery on July 30, 2012. There was a past MRI of the lumbar spine from May 31, 2011 noting degenerative changes including: 1. a disc bulge at L3-L4 producing moderate central canal stenosis and left lateral recess stenosis, 2. disc bulge at the L4-L5 causing mild central canal stenosis and left lateral recess stenosis, and 3. disc bulge at L4-L5-S1 level with mild facet hypertrophy contacting the exiting left S1 nerve root. There was severe narrowing of the left neural foramen. A CT of the lumbar spine from January 2014 showed evidence of the fusion from L3 to S1, disc bulge at L2-L3 with retro pulsed fragments from the superior and plate at L3 and bilateral facet hypertrophy, a disc bulge at the L3-L4 resulting in lateral recess stenosis and another at L4-L5 and L5-S1 again resulting in a left lateral recess stenosis. Discography was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.

**NCS Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As shared previously, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.