

<b>Case Number:</b>	CM13-0069941		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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, Pain Management

### 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 patient with a date of injury of 1/19/13. A utilization review determination dated 12/13/13 recommends non-certification of bilateral upper and lower extremity electrodiagnostic studies. 12/10/13 medical report identifies low back pain 9/10 with intermittent radiating leg pain. Neck pain is not as back as the back pain. On exam, there is right wrist tenderness with a positive Finkelstein's test, tenderness along the lower thoracic and upper lumbar regions. Patient refused ROM testing secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral upper and lower extremity electrodiagnostic studies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 182, 303.

**Decision rationale:** Regarding the request for bilateral upper and lower extremity electrodiagnostic studies, CA MTUS and ACOEM support electromyography to identify subtle

focal neurologic dysfunction in patients with symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no physical examination findings suggestive of focal neurologic dysfunction consistent with radiculopathy and/or peripheral neuropathy in either the upper or lower extremities. In the absence of such documentation, the currently requested bilateral upper and lower extremity electrodiagnostic studies are not medically necessary.