

<b>Case Number:</b>	CM15-0064143		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old male who sustained an industrial injury on 10/14/14. The injured worker reported symptoms in the neck, back, and left shoulder. The injured worker was diagnosed as having cervicalgia, lumbago, lumbar radiculopathy, sacroiliac joint dysfunction, and carpal tunnel syndrome and shoulder pain. Treatments to date have included chiropractic treatments, physical therapy, and oral pain medication. Currently, the injured worker complains of pain in the neck, back, and left shoulder. The plan of care was for diagnostics and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral Lower and Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178; Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical or lumbar radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for this injury without any report of new injury, acute flare-up, or red-flag conditions. The EMG/NCV Bilateral Lower and Upper Extremities are not medically necessary and appropriate.