

<b>Case Number:</b>	CM13-0016455		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/07/1998
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Internal 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:

The patient is a 68-year-old male who has submitted a claim for discogenic lumbar condition with radicular component down the lower extremity associated with an industrial injury date of September 7, 1998. Medical records from 2012 to 2013 were reviewed. The patient complained of chronic lower back pain and spasms graded 5-9/10. Pain was associated with radiation and shooting pain to bilateral lower extremities. Physical examination showed tenderness along the lumbosacral area, limited ROM, slightly limited ankle dorsiflexion on the left, and equivocal SLR. Treatment to date has included NSAIDs, opioids, muscle relaxants, back bracing, topical analgesics, TENS, and H-wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Lower Extremities:** 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:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle

focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. Progress notes from June 26, 2013 reported lower back pain with radiation to bilateral lower extremities. Bilateral SLR was equivocal. However, medical records submitted for review failed to provide a comprehensive neurologic examination that may support symptoms of radicular pain. The medical necessity was not established due to lack of information. Therefore, the request for EMG of bilateral lower extremities is not medically necessary.