

<b>Case Number:</b>	CM13-0026902		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 44-year-old female was reportedly injured on April 18, 2007. The mechanism of injury was noted as lifting a helium tank out of a truck and twisting and injuring her back. The most recent progress note, dated February 4, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated pain and discomfort over palpable hardware as well as in the lumbosacral junction, with reproducible symptoms into the lower extremities. Diagnostic imaging studies were not included for review, but a previous progress note, dated November 2013, commented on a CT scan of the lumbar spine and noted L5-S1 posterior spinal fusion with no evidence for hardware compromise. Previous treatment included an anterior and posterior lumbar fusion L5-S1 in 2010 and another back surgery in June of 2012, postoperative physical therapy, a facet block, and medications. A request had been made for EMG/NCV of bilateral lower extremities and was not certified in the pre-authorization process on September 6, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) for bilateral lower extremities:** Upheld

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

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

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. While there is mention of signs and symptoms consistent with radiculopathy, the clinician fails thoroughly to document a neurological exam that would support evidence of a radiculopathy and/or peripheral neuropathy. Furthermore, there does not appear to be exceptional sectors that would warrant deviation from the guidelines. As such, this request is not considered medically necessary.