

<b>Case Number:</b>	CM13-0031930		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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:

46-year-old male sustained an injury to his lumbar spine on 4/21/10. He had consistent complaints of low back pain with radiation to the right leg down to the bottom of the foot. He also complained of numbness and tingling in the right foot. MRI done on 1/30/12 revealed the following impression: a 7 mm disc bulge at a narrowed L5-S1 level with suspicion of contact with the posterior aspect of the right S1 nerve root. On 7/23/12 the patient underwent a two-level laminectomy and discectomy at L4-L5 and L5-S1. Patient continued to complain of back and right leg pain, a follow-up MRI with gadolinium revealed at L4-L5 there is a 4 mm disc bulge without central or lateral stenosis and at L5-S1 there is a 4 mm disc bulge with epidural fibrosis anterior to the right S1 nerve root. Because of ongoing symptoms a request was made for electro diagnostic studies of both lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8, 62-3.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304, and 309.

**Decision rationale:** The patient has had consistent pain in his lower back and right leg before surgery and after surgery. MRI and physical examination strongly suggested a right S1 radiculopathy. Electrodiagnostic studies are not recommended for obvious radiculopathy. They are also less sensitive than MRI in defining the cause of Post laminectomy syndrome. In addition, the patient has no complaints regarding his left leg. Based on these factors, electromyography of both lower extremities is not medically necessary.