

<b>Case Number:</b>	CM13-0034194		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/07/1998
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 New Hampshire, New York, and Washington. 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 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:

The patient has a date of injury July 7, 1998. Patient complains of back pain and bilateral sciatica. Physical examination reveals positive straight leg raise on the left side at 90° and positive straight leg raise on the right side at 90°. There is low back tenderness. Patrick's sign for sacroilitis is positive on the right. Neurologic examination the bilateral lower extremities are noted to be normal. There is no evidence of motor or sensory deficit and deep tendon reflexes were noted to be symmetrical and normal at the knees and ankles. No clonus or muscle atrophy was identified. The patient has a diagnosis of chronic axial back pain and possible sacroilitis. Patient had surgery for L4-5 total disc replacement and L5-S1 anterior lumbar fusion and posterior spinal fusion in October 2010. Patient takes Gabapentin, Oxycodone, and Lidoderm patches. Patient complains of worsening bilateral lower extremity pain and right leg numbness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**electromyogram Left Leg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Low Back

**Decision rationale:** This patient does not meet established criteria for EMG at this time. While this patient has symptoms of sacroilitis and back pain, there is no lumbar imaging study to document the presence of nerve root compression. In addition, the patient's neurologic examination is normal. There is no documentation of an abnormal finding a neurologic exam. The patient has documented normal bilateral motor sensory reflex function in the lower extremities. Criteria for EMG testing are not met at this time.

**electromyogram Right Leg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Low Back

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