

<b>Case Number:</b>	CM13-0054603		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/16/1997
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old female with date of injury of 8/16/1997. Patient has been treated for ongoing neck and low back symptoms. Diagnoses include lumbago, degenerative lumbar/lumbosacral intervertebral disc, failed back surgery syndrome, thoracic/lumbosacral radiculitis, rotator cuff syndrome, and panic disorder, and unspecified myalgia, cervicgia and forearm pain. Medications include Norco, Amrix, valium, Lidoderm, clonidine, Restoril, and Baclofen. Surgeries include lumbar fusion, carpal tunnel surgeries, right shoulder impingement release surgeries, and medial condyle surgery. Subjective complaints are pain in cervical and lumbar spine, right shoulder, left wrist, and left knee. Patient has stabbing, knife-like pain in the lower back radiating to the legs, with increased right leg weakness. Physical exam shows lumbar spine tenderness to palpation in the L4-L5 area, decreased range of motion, sciatic notch tenderness, lying positive Straight Leg Raise on the right, sitting Straight Leg Raise positive bilaterally. Decreased sensation at L3 dermatome is noted bilaterally. Bilateral deep tendon reflexes are decreased but symmetrical. Patient had been referred to a neurosurgeon, who did not believe that further surgery is warranted. Treatments have included multiple surgeries, medications, home exercise program, heat applications, and facet injections. It is also noted that patient is at permanent and stationary status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the bilateral lower extremities between 10/28/2013 and 12/12/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back-Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)PAIN, EMG

**Decision rationale:** The CA MTUS suggests that EMG is not recommended for clinically obvious lumbar radiculopathy. The ODG furthermore does not recommend EMG if radiculopathy is already clinically obvious. This patient presents with significant symptoms consistent with radiculopathy, and it is unclear if these findings are new. Since the patient has clinically apparent radiculopathy, guidelines would not recommend the need for an EMG. Therefore, the medical necessity of a bilateral lower extremity EMG is not established.