

<b>Case Number:</b>	CM13-0062929		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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, Pulmonary Diseases, 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 injured worker is a 42 year-old male who reported an injury on 08/06/2012. The mechanism of injury was not provided. Current diagnoses include degeneration of lumbar intervertebral disc, pain in a joint of the lower extremity, major depression, and post-traumatic stress disorder. The injured worker was evaluated on 12/19/2013. The injured worker reported lower back pain, as well as left knee pain. Prior conservative treatment was not mentioned. It is noted that the injured worker underwent a lower extremity electromyography on 05/03/2013, which indicated right L5-S1 radiculopathy. Physical examination revealed an antalgic gait, limited lumbar range of motion, and spasm with guarding. Treatment recommendations at that time included a repeat EMG/NCV study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: REPEAT EMG BILATERAL LOWER EXTREMETIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM, (2004)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker has previously undergone an EMG study of bilateral lower extremities on 05/03/2013. The previous EMG was not provided for review. However, it was documented by the requesting physician that the EMG study indicated evidence of left S1 radiculopathy, as well as L5-S1 radiculopathy on the right. There is no documentation of a progression of symptoms or physical examination findings that would warrant the need for a repeat study. There is no documentation of a neurological deficit upon physical examination. Based on the clinical information received, the repeat EMG was not medically necessary.

**RETRO: REPEAT NCV BILATERAL LOWER EXTREMETIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM, (2004)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker has previously undergone an EMG study of bilateral lower extremities on 05/03/2013. The previous EMG was not provided for review. However, it was documented by the requesting physician that the EMG study indicated evidence of left S1 radiculopathy, as well as L5-S1 radiculopathy on the right. There is no documentation of a progression of symptoms or physical examination findings that would warrant the need for a repeat study. There is no documentation of a neurological deficit upon physical examination. Based on the clinical information received, the repeat NCV was not medically necessary.