

<b>Case Number:</b>	CM13-0064288		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 49-year-old male who reported an injury on 06/14/2012. The mechanism of injury was not provided. Current diagnoses include sprain in the lumbar region, lumbar disc displacement, lumbosacral neuritis, and sacroiliac sprain. The injured worker was evaluated on 11/22/2013. The injured worker reported 7/10 pain with radicular symptoms. Physical examination revealed a slow gait, tenderness to palpation, muscle tightness, moderate tenderness in the sacroiliac joint and gluteal area on the left, normal strength throughout the lower extremities, intact sensation, and positive straight leg raising. Treatment recommendations included electrodiagnostic studies of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG FOR LEFT LOWER EXTREMITY:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate that electromyography, including H-reflex test, may be useful to identify subtle, focal, neurologic

dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation submitted, the injured worker's physical examination revealed normal strength throughout the lower extremities as well as intact sensation. There was no documentation of radiculopathy upon physical examination. It is also noted that the injured worker has completed an EMG/NCS in 11/2012 and on 02/25/2013, which provided negative findings. The medical necessity for repeat testing has not been established. As such, the request for EMG FOR LEFT LOWER EXTREMITY is non-certified.

**NCS FOR RIGHT LOWER EXTREMITY:** Upheld

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