

<b>Case Number:</b>	CM13-0072247		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine, 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:

This male patient sustained a work-related injury on 10/1/12. Per the primary treating physician's progress report and authorization request, the injured worker has multiple complaints. The patient indicates that he also had a hernia surgery that was unrelated to work; however, he says that he has had continued pain over the area where his surgery was done since his industrial accident. On exam, he continues with lumbar spine stiffness, spasm, decreased range of motion, and straight leg raise; radiation down the bilateral lower extremities into the feet; cervical spine stiffness, spasm, decreased range of motion, and radiation to the mid back area and the bilateral shoulders. Diagnoses include lumbar spine 12mm anterolisthesis of L5 over S1 with pressure traversing both L5 nerve roots and marked narrowing of both neural foramina at L5-S1, cervical spine multilevel disc herniations with mild-to-moderate narrowing of the bilateral neural foramina, and history of hernia repair with possible re-herniation following the work-related injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL LOWER EXTREMITIES:** Upheld

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

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

**Decision rationale:** The clinical documents describe an injured worker with back pain in his cervical spine and lumbar spine. The lumbar spine radiculopathy is limited to a positive straight leg raise without any motor or sensory deficits by complaint or noted on exam. The ACOEM/MTUS guidelines recommend the use of EMG to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. EMG is not recommended for lumbosacral sprain injuries. The clinical documents do not support the use of EMG in this injured worker since there is no focal neurologic dysfunction identified. As such, the request is not medically necessary.