

<b>Case Number:</b>	CM14-0115871		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 5/15/13. A utilization review determination dated 7/19/14 recommends non-certification of EMG of the lower extremities. 6/20/14 medical report identifies low back pain radiating to the LE with numbness and tingling intermittently. There is increased numbness and tingling in the right lower extremity. EMG 8/9/13 was said to be normal. Medications help with pain 30-40%. On exam, there is tenderness. EMG was recommended due to increased neuropathic pain in the right lower extremity. 6/21/14 lower extremity EMG/NCS noted evidence consistent with a left-sided lumbar radiculopathy involving the S1 nerve root.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Regarding the request for EMG of the lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic

dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, the patient was noted to have increased numbness and tingling in the right lower extremity. An EMG from almost one year earlier was noted to be within normal limits. An EMG was recommended due to increased neuropathic pain in the right lower extremity and. This EMG was performed on 6/21/14, the day after the most recent medical report. It demonstrated evidence consistent with a left-sided lumbar radiculopathy involving the S1 nerve root. It appears that the current request is for the EMG performed on that date rather than another EMG in addition to the one performed on 6/21/14, as the prior utilization reviewer apparently believed. Given the increasing symptoms suggestive of radiculopathy, the EMG was reasonable. In light of the above, the currently requested EMG of the lower extremities is medically necessary.