

<b>Case Number:</b>	CM14-0136051		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Emergency 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:

Patient with reported date of injury on 4/2/2012. No mechanism of injury was provided for review. Patient has a diagnosis of herniated nucleus pulposus of thoracic spine and lumbar radiculopathy. Patient is post L5-S1 micro lumbar decompression surgery(8/14/13).Medical reports reviewed. Last report available until 7/30/14. Patient complains of low back, bilateral upper extremity and bilateral lower extremity pain. Pain in back is burning, stabbing and radiates to bilateral lower extremities down to toes. Pain is 5-7/10. Objective exam reveals mild antalgic gait, minimal tenderness on exam. Incision site is intact. Range of motion is decreased in all planes. Lower extremity sensation is intact. Motor exam shows mild weakness to bilateral EHL left side worst and minimal weakness to bilateral tibialis anterior. Normal reflexes. There is no noted straight leg raise or other tests documented in the provided notes.MRI of lumbar spine(8/5/13) revealed degenerative disc disease with facet arthropathy and retrolisthesis of L5-S1. Canal stenosis at L4-5 and L5-S1. Displacement of S1 nerve roots due to inferiorly migrating central and L paracentral extrusion. Neural foraminal narrowing at Left L4-5 and bilateral L5-S1.Medications include naproxen, Elevil and hydrocodone. Lidopro was added in last visit.Patient has completed chiropractic, acupuncture, lumbar epidural steroid injection and medications with no improvement.Independent Medical Review is for EMG(Electromyography) study of left lower extremity and EMG(Electromyography) study of right lower extremity.Prior UR on 7/22/14 recommended non-certification. An MRI of lumbar spine was reportedly approved. UR report states that the requesting physician agreed with the plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) study of the left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic (Acute and Chronic) Chapter, EMG (Electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**Decision rationale:** As per ACOEM guidelines, Electromyograms(EMGs) may be useful in determining root dysfunction and to detect subtle radiculopathy. The history and physical exam provided does not support radicular signs of symptoms. There is no straight leg raise test, no neurological exam or any exam to support nerve root dysfunction. EMG is not medically necessary.

**EMG (Electromyography) study of the right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic (Acute and Chronic) Chapter, EMG (Electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**Decision rationale:** As per ACOEM guidelines, Electromyograms(EMGs) may be useful in determining root dysfunction and to detect subtle radiculopathy. The history and physical exam provided does not support radicular signs of symptoms. There is no straight leg raise test, no neurological exam or any exam to support nerve root dysfunction. EMG is not medically necessary.