

<b>Case Number:</b>	CM14-0143695		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 54-year-old female with a 5/29/10 date of injury. At the time (8/13/14) of request for authorization for Electromyography (EMG) Bilateral Lower Extremities, there is documentation of subjective (low back, neck, bilateral knee, and right shoulder pain) and objective (decreased sensory exam over right mid-anterior thigh, mid-lateral calf, and lateral ankle) findings. The current diagnoses includes lumbar spine radiculopathy, cervical spine strain with radiculitis, and chronic pain syndrome), and treatment to date (medications, injections, physical therapy, and chiropractic treatment). Medical report identifies an associated request for MRI of lumbar spine. There is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) Bilateral Lower Extremities:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic Studies

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. The ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, the ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine strain, cervical spine strain, and chronic pain syndrome. In addition, given documentation of subjective (low back and knee pain) and objective (decreased sensory exam over right mid-anterior thigh, mid-lateral calf, and lateral ankle) findings, there is documentation of neurological dysfunction. Furthermore, given documentation of treatment to date (medications, injections, physical therapy, and chiropractic treatment), there is documentation of ongoing conservative therapy. However, given documentation of an associated request for a MRI of lumbar spine at the time of the requested EMG, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) Bilateral Lower Extremities is not medically necessary.