

<b>Case Number:</b>	CM14-0155384		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/31/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & Rehabilitation 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 male with a 5/31/08 date of injury. At the time (9/5/14) of the Decision for electromyography (EMG) left lower extremity and EMG right lower extremity, there is documentation of subjective (right leg pain, tingling sensation on the extremities) and objective (positive straight leg raising, decreased range of motion to right side and diminished motor on L5) findings, current diagnoses (herniated disc), and treatment to date (medication, cortisone injections, and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Lower Extremity:** Overturned

**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:** 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. ODG

identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electromyography. Within the medical information available for review, there is documentation of diagnoses of herniated disc. In addition, there is documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for EMG left lower extremity is medically necessary.

**EMG Right Lower Extremity: Overturned**

**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:** 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. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electromyography. Within the medical information available for review, there is documentation of diagnoses of herniated disc. In addition, there is documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for EMG right lower extremity is medically necessary.