

<b>Case Number:</b>	CM14-0174811		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 General Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 58 year old male with date of injury of 2/27/2014. A review of the medical records indicate that the patient is undergoing treatment for lumbar and thoracic strain. Subjective complaints include continuing severe low back pain with radiation down left lower extremity to foot. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the thoracic and lumbar spine; diminished deep tendon reflexes and sensation in the left lower extremity. Treatment has included MRI showing small disc protrusions from L2 to L5 with narrowing in the L4-L4 space. The utilization review dated 9/17/2014 non-certified EMG of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The employee has diminished deep tendon reflexes and other potential signs of radiculopathy. The employee has radicular pain. The EMG will show definitively if there is radiculopathy. Therefore, the request for EMG is medically necessary.