

<b>Case Number:</b>	CM14-0030921		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, Pain Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 47 year old male who sustained an injury to his low back on 11/24/11 after being involved in a motor vehicle accident. The injured worker was initially on light duty, but was unable to perform light duty and was taken off work. Since that time, the injured developed psychological symptoms involving unemployment. The injured worker continued to complain of headaches, numbness and tingling in the low back that was constant and made worse by excessive walking. Certain exercises and rest made the pain better. Physical examination noted no scoliosis; flexion normal; extension limited by 25%, lateral tilt limited by 25% bilaterally; rotation within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guide-Treatment in Workers Compensation) Low Back Procedure Summary last updated 12/27/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back chapter, EMGs (electromyography).

**Decision rationale:** The request for electromyograph (EMG) of bilateral lower extremities is not medically necessary. Previous request was denied on the basis that the reports submitted do not show objective findings associated with an active radiculopathy to support the need of the request. The Official Disability Guidelines state that eelctromyograph (EMG) may be useful to obtain unequivocal evidence of radiculopathy after one month conservative treatment, but EMGs are not necessary if record is already clinically obvious. Physical examination noted persistent low back pain radiating into the bilateral buttocks and into the right lower extremity, despite prior conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for EMG of bilateral lower extremities has not been established.