

<b>Case Number:</b>	CM14-0041115		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 38 year old male who sustained an injury on 08/29/13 while operating heavy equipment. The injured worker felt a pinch in the low back with the development of low back pain. The injured worker was initially seen for chiropractic manipulation and was prescribed medications including antiinflammatories and muscle relaxers. MRI of the lumbar spine on 10/01/13 noted: 4 to 5 millimeter disc bulge at L4 to L5 resulting in flattening of the ventral thecal sac without stenosis, some moderate left sided neural foraminal stenosis at L4 to L5, 4 millimeter disc bulge at L5 to S1 there was slightly asymmetric to the left with central annular tearing, mild neural foraminal stenosis was noted bilaterally. The injured worker had one epidural steroid injection on 01/20/14. As of 02/26/14 the injured worker had 80 percent improvement of lower extremities of symptoms in total with complete resolution of pain in the lower extremities. Residual pain in the lumbar spine was documented. Upon physical examination: there was some tenderness in the left paraspinal musculature from L3 through L5, no loss of range of motion in the lumbar spine, sensory exam in the lower extremities was intact and reflexes were 2+, and symmetric. At this time the injured worker was recommended for electromyography (EMG) of the left lower extremity and was also referred for further medial branch blocks at L4 to L5 and L5 to S1. Evaluation on 04/18/14 noted complaints of persistent low back pain with occasional associated numbness and tingling through the left lower extremity to the level of the left foot. Physical examination noted a positive straight leg raise bilaterally to the left at 70 degrees and right at 80 degrees. Reflexes were intact and there was no sensory loss identified. No significant atrophy in the left lower extremity was noted as compared to the right. The injured worker was recommended for electrodiagnostic studies for the lower extremities. The requested EMG for the left lower extremity was denied by utilization review on 03/25/14.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG.

**Decision rationale:** At this time the injured worker has already received one epidural steroid injection for radiating symptoms in the lower extremities. Given that the injured worker has essentially already been diagnosed with lumbar radiculopathy and has been provided epidural steroid injections it is unclear at this time what additional information would be gained from electrodiagnostic studies of the left lower extremity that would influence further treatment recommendations for the injured worker. As there is already an established diagnosis of lumbar radiculopathy, therefore, this request is not medically necessary.