

<b>Case Number:</b>	CM14-0066674		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 and is licensed to practice in Texas and Ohio. 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 49-year-old male who reported an injury on 05/03/2010. The injured worker reportedly developed lower back pain while mopping an arcade. Previous conservative treatment includes occupational medicine, anti-inflammatory medication, and activity modification. The injured worker also underwent chiropractic manipulation and an epidural steroid injection. It was also noted that the injured worker declined surgical treatment for the lumbar spine. The injured worker presented on 10/16/2013 with complaints of constant lower back pain as well as numbness and tingling in the right lower extremity. Physical examination revealed a slightly antalgic gait, spasm and guarding at the lumbosacral junction bilaterally, painful facet loading maneuver, limited lumbar range of motion, positive straight leg raising, 5/5 motor strength, negative atrophy in the upper extremity, guarding in the left upper extremity and intact sensation in the upper extremity. The current diagnoses include: lumbar spondylosis with underlying lumbar facet syndrome, right-sided radiculitis, and secondary injury of 12/2008. Treatment recommendations at that time included, authorization for a functional restoration program. It is noted that the injured worker underwent electrodiagnostic studies on 12/19/2013, which indicated normal findings without evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lower extremity EMG, retrospective DOS:12/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding electrodiagnostic testing.

**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, Electrodiagnostic Studies.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is unnecessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker demonstrated limited lumbar range of motion with positive straight leg raising on the right. There was no documentation of sensory or motor changes in the bilateral lower extremities that would warrant the need for electrodiagnostic testing. The medical necessity has not been established. Therefore, the request is non-certified.

**Bilateral lower extremity NCV , retrospective DOS:12/19/2013.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding electrodiagnostic testing.

**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, Electrodiagnostic Studies.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is unnecessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker demonstrated limited lumbar range of motion with positive straight leg raising on the right. There was no documentation of sensory or motor changes in the bilateral lower extremities that would warrant the need for electrodiagnostic testing. The medical necessity has not been established. Therefore, the request is non-certified.