

<b>Case Number:</b>	CM14-0074673		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Orthopedic Surgery 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 59 year old female who reported an injury on 11/22/2013. The injured worker reportedly sustained an injury to the low back. The injured worker's treatment history included physical therapy, acupuncture, medications, and a home exercise program. The injured worker was evaluated on 04/07/2014. Evaluation of the lumbar spine included tenderness to palpation and spasm over the paravertebral musculature with restricted range of motion secondary to pain. The injured worker had a positive Kemp's test bilaterally. The injured worker's diagnoses included lumbar sprain/strain, right shoulder sprain/strain, closed head trauma with loss of consciousness, and lumbar spine radiculopathy. A request was made for an EMG study of the bilateral lower extremities to rule out a nerve root lesion and peripheral radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG study of the Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary (Updated 03/31/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The ACOEM Guidelines recommend electrodiagnostic studies when a more precise delineation between radiculopathy and peripheral nerve impingement is needed to assist with treatment planning. The clinical documentation submitted for review does not clearly identify that the patient has any type of radicular symptoms that would require further evaluation. The clinical documentation does indicate that the patient has a positive Kemp's test. However, there was no description to support whether the positive findings indicated radiculopathy or axial back pain. There is no documentation of any deep tendon reflex deficits or motor strength deficits. There is no documentation of a straight leg raise test. There is no documentation of sensory disturbances. Therefore, the need for an EMG for the bilateral lower extremities is not clearly indicated in this clinical situation. As such, the requested EMG study of the bilateral lower extremities is not medically necessary and appropriate.