

<b>Case Number:</b>	CM14-0198993		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab and is licensed to practice In California. 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 31 year-old patient sustained an injury on 8/5/13 while employed by [REDACTED]. Request(s) under consideration include EMG of the bilateral extremities. Diagnoses include low back pain and lumbar spondylosis/ radiculopathy/ disc disorder. MRI of the lumbar spine dated 11/26/14 (compared to 9/16/13) showed minimal 1 mm disc bulge at L5-S1 decreased in size since prior study without significant canal, neural foraminal stenosis or nerve impingement; and facet disease. Conservative care has included medications, therapy, medial branch blocks (6/5/14), and modified activities/rest. The patient continues to treat for chronic ongoing low back symptoms. There was noted IMR that upheld denial for spinal surgery. Multiple physiotherapy reports of 10/28/14, 11/13/14, and 11/17/14 noted unchanged low back pain rated at same VAS of 7/10 with referral to groin. Exam showed unchanged findings of restricted lumbar range with guarding and tenderness. Report from the provider dated 12/4/14 noted exam findings of stooped gait; negative SLR bilaterally; negative Faber's and Fadir testing; equal sensation, motor strength of 5/5, and DTRs of 2+ in bilateral lower extremities. The request(s) for EMG of the bilateral extremities was non-certified on 11/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** This 31 year-old patient sustained an injury on 8/5/13 while employed by [REDACTED]. Request(s) under consideration include EMG of the bilateral extremities. Diagnoses include low back pain and lumbar spondylosis/ radiculopathy/ disc disorder. MRI of the lumbar spine dated 11/26/14 (compared to 9/16/13) showed minimal 1 mm disc bulge at L5-S1 decreased in size since prior study without significant canal, neural foraminal stenosis or nerve impingement; and facet disease. Conservative care has included medications, therapy, medial branch blocks (6/5/14), and modified activities/rest. The patient continues to treat for chronic ongoing low back symptoms. There was noted IMR that upheld denial for spinal surgery. Multiple physiotherapy reports of 10/28/14, 11/13/14, and 11/17/14 noted unchanged low back pain rated at same VAS of 7/10 with referral to groin. Exam showed unchanged findings of restricted lumbar range with guarding and tenderness. Report from the provider dated 12/4/14 noted exam findings of stooped gait; negative SLR bilaterally; negative Faber's and Fadir testing; equal sensation, motor strength of 5/5, and DTRs of 2+ in bilateral lower extremities. The request(s) for EMG of the bilateral extremities was non-certified on 11/18/14. There was no correlating neurological deficits defined nor conclusive imaging identifying possible neurological compromise. MRI of the lumbar spine had no significant disc herniation, canal or neural foraminal stenosis demonstrated. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The EMG of the bilateral extremities is not medically necessary and appropriate.