

<b>Case Number:</b>	CM15-0008422		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36 year old male, who sustained an industrial injury on 04/06/2006. He has reported subsequent low back pain and was diagnosed with lumbar disc displacement, psychogenic pain and unspecified major depression. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 12/11/2014, the injured worker reported increased back pain and numbness and tingling of the bilateral lower extremities. Objective physical examination findings were notable for an antalgic gait and spasm and guarding of the lumbar spine. The physician noted that due to the injured worker's increase in numbness, tingling and leg pain and a family history of blood clots, a Doppler ultrasound had initially been requested to rule out a deep vein thrombosis but this request had not been authorized. The physician noted that he wanted to rule out other causes of the injured worker's symptoms and that therefore a bilateral lower extremity electromyogram would be requested for further evaluation. On 12/18/2014, Utilization Review non-certified a request for electromyogram of the bilateral lower extremities, noting that there was not a neurological examination included in the medical record prior to the performance of the study. ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

**Decision rationale:** There are no imaging study provided. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with exam findings of limited range without neurological deficits. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The Electromyography (EMG) of the bilateral lower extremities is not medically necessary and appropriate.