Case Number:	CM15-0161206		
Date Assigned:	08/28/2015	**Date of Injury:**	03/03/2015
Decision Date:	09/30/2015	**UR Denial Date:**	08/04/2015
Priority:	Standard	**Application Received:**	08/18/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 (IW) is a 30 year old male who sustained an injury on 3-3-15 resulting from lifting case of paper towels over his head and felt back pain. The pain in the lower back was rated 5 out of 10 in the mid back and is moderately severe, constant, and is exacerbated by movement. The pain is lessened by sitting up. There is no tingling or numbness in the lower extremities. The examination form the Doctors First Report of Injury on 3-5-15 documents the IW ambulates with a normal gait, full weight bearing on both lower extremities; normal posture; no weakness of the lower extremities; spine is not kyphotic and does not have scoliosis; spasms are noted in the paravertebral musculature; no spasms of the thoracolumbar spine; no restriction of range of motion of the back. Heel toe ambulation is performed without difficulty. Diagnostic tests included thoracolumbar spine X-rays; MRI lumbosacral spine 5-15-15 shows normal morphologic features, alignment and signal intensity characteristic of osseous structures, with a normal appearance of the lumbar spinal cord, surrounding canal and foramina. No anatomical basis for neural impingement is shown. Diagnoses include muscle spasm back; back pain; and thoracic sprain, strain. Treatment included physical therapy, chiropractic therapy, and ice; hot pack and back support were applied. Work restrictions included limited standing or walking; limited stooping and bending; and limit pulling and pushing to 10 pounds. Medications prescribed were Tylenol ES, Flexeril, and Relafen. A progress report dated 5-29-14 documented the IW complaining of pain with palpation, flexion, extension, and rotation. Current requested treatments electromyography of right lower extremity and electromyography of the left lower extremity were non-certified by Utilization Review on 8-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of right lower extremity: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing acute low back symptoms and there is a high risk of complications for myelo CT and myelography. According to the ODG, EMGs (electromyography) may be recommended to obtain unequivocal evidence of radiculopathy following 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Based on the most recent progress note from 7-13-15 and the PR-2 on 8-18-15, there was no documentation to support obtaining EMGs of the lower extremities. There were no lower extremity radicular symptoms documented and the physical exam was neurologically normal. Thus, the request for electromyography of right lower extremity is not medically necessary and appropriate based on the cited guidelines and recent reports.

Electromyography of the left lower extremity: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing acute low back symptoms and there is a high risk of complications for myelo CT and myelography. According to the ODG, EMGs (electromyography) may be recommended to obtain unequivocal evidence of radiculopathy following 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Based on the most recent progress note from 7-13-15 and the PR-2 on 8-18-15, there was no documentation to support obtaining EMGs of the lower extremities. There were no lower extremity radicular symptoms documented and the physical exam was neurologically normal. Thus, the request for electromyography of left lower extremity is not medically necessary and appropriate based on the cited guidelines and recent reports.