

<b>Case Number:</b>	CM15-0184040		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 61 year old male, who sustained an industrial injury on 3-28-14. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for cervical and lumbosacral strain-sprain and lumbosacral contusion. Medical records dated 6-18-15 indicate the injured worker complains of back pain rated 6-9 out of 10 and radiating. The treating physician indicates, "Patient was authorized for BLE electromyogram. Not scheduled yet." He indicates "no change in physical exam since last visit 5-18-15." Physical exam dated 6-18-15 notes difficulty rising from sitting, antalgic gait and stiffness. Treatment to date has included chiropractic treatment, medication The original utilization review dated 8-21-15 indicates the request for physical therapy cervical and lumbar spine 2 X 3, acupuncture cervical and lumbar spine 1 X 6, Tramadol 20mg #60 is certified and electromyogram-nerve conduction study of the bilateral lower extremities is non-certified noting no documentation of a subtle focal neurologic deficit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of The BLE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Appropriately trained Physical Medicine and Rehabilitation or Neurology physicians should perform Electrodiagnostic studies. See also Monofilament testing." The treating physician details lower extremity weakness, lower extremity radicular symptoms and previous lumbar imaging studies to meet the above guidelines. As such the request for EMG/NCS of The BLE is medically necessary.