MAXIMUS Federal Services

| Case Number: | CM15-0190556 | | |
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| Date Assigned: | 10/02/2015 | Date of Injury: | 12/01/2014 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck, low back, elbow, and knee pain reportedly associated with an industrial injury of December 1, 2014. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for EMG testing of the left lower extremity and imaging testing of the right lower extremity. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated August 19, 2015, the applicant apparently presented with complaints of neck and knee pain. Ancillary complaints of leg, foot, and hip pain were reported. The note was very thinly and sparsely developed, comprised, in large part preprinted checkboxes. 12 sessions of physical therapy, MRI imaging of the cervical spine, electrodiagnostic testing of upper extremities, and electrodiagnostic testing of the bilateral lower extremities were all sought while the applicant was placed off of work, on total temporary disability. Pain management consultation was also endorsed. It was not stated how (or if) the proposed EMG testing would influence or alter the treatment plan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for EMG testing of the left lower extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify a diagnosis of nerve root dysfunction, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of EMG testing in the evaluation of nerve entrapment or in the screening of applicants without symptoms is deemed "not recommended." Here, the attending provider's August 10, 2015 was thinly and sparsely developed, but suggested that the applicant's complaints of numbness, tingling, leg pain, and paresthesias were confined to the right lower extremity. Therefore was no mention of the applicant's having radicular symptoms involving the left lower extremity. EMG testing of the seemingly asymptomatic left lower extremity would, thus, run counter to the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, which argues against testing of asymptomatic body parts. The fact that EMG testing of both the bilateral upper extremities and bilateral lower extremities were concurrently ordered in the same date of service, August 19, 2015, strongly suggested that said testing had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The attending provider made no mention of how the test results would influence or alter the treatment plan. Therefore, the request was not medically necessary.

**EMG right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for EMG testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of EMG testing for applicants who carry a diagnosis of clinically obvious radiculopathy is deemed "not recommended." Here, the August 19, 2015 progress note was thinly and sparsely developed, but did seemingly suggested that the applicant already had an established diagnosis of lumbar radiculopathy, with ongoing complaints of low back pain radiating to the right leg. It was not clearly stated how (or if) the proposed EMG testing of the right lower extremity would influence or alter the treatment plan. It was clearly stated why the EMG testing was sought in the face of the applicant's already seemingly carrying an established diagnosis of lumbar radiculopathy. Therefore, the request was not medically necessary.