

<b>Case Number:</b>	CM15-0190573		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 45-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of January 1, 2013. On September 17, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of low back and right leg. The claims administrator referenced an RFA form of September 3, 2015 and a progress note dated August 31, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form dated September 3, 2015, chronic behavioral therapy and the ENT testing in question were endorsed. On July 27, 2015, the applicant was described as having popping and burning pain about the hip and leg. The applicant is on gabapentin for the same. The applicant was described as having continuing to have "significant sciatica on the right." Physical therapy was sought. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On a progress note dated August 6, 2015, it was explicitly acknowledged that the applicant was not, in fact, working. Ongoing complaints of hip and back pain with derivative complaints of depression, anxiety, psychological stress and insomnia were reported. The applicant was using cane to move about. Cognitive behavioral therapy, Percocet, Neurontin, Ambien, and Vistaril were endorsed. A compelling rationale for the electrodiagnostic testing was not seemingly furnished. On August 31, 2015, the treating provider stated that the applicant had had electrodiagnostic testing one year prior, which did establish a diagnosis of radiculopathy, but that he was intent on obtaining an "updated EMG" to evaluate for any changes in the same. Percocet, Neurontin, Ambien, and Vistaril were endorsed on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG for the low back and right leg:** Upheld

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

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

**Decision rationale:** As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described on August 31, 2015, as having a clinically obvious radiculopathy. Multiple other office notes, referenced above, stated that the applicant had issues with significant sciatica present. The applicant was using Neurontin, presumably for residual radicular pain complaints. The treating provider reported on August 31, 2015 that the applicant had had electrodiagnostic testing one year prior, which did demonstrate an S1 radiculopathy. All of the foregoing, taken together, suggested that the applicant in fact already had an established diagnosis of lumbar radiculopathy, effectively obviating the need for the EMG testing requested. Therefore, the request was not medically necessary.