

<b>Case Number:</b>	CM15-0196566		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/15/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California

Certification(s)/Specialty: 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 is a 73-year-old male, who sustained an industrial injury on 1-15-04. The documentation on 9-1-15 noted that the injured worker had a spot on his lung and the most recent computerized tomography (CT) scan showed no growth and that a repeat computerized tomography (CT) scan is planned in February. The documentation noted that the injured worker finds walking causes cramping pain in his thighs and calf and that he also has cramps lying down at night. The injured worker has a history of smoking. The injured worker has lumbar spine pain that his pain level is 6 to 7 out of 10 and with medications, it comes down to a 2 to 3 out of 10. Left knee patellar tendon reflex is 3.5+ and 7 to 8 beats of clonus in the left ankle right knee 2.5 +3 beats of clonus right ankle. The diagnoses have included dysuria; chronic airway obstruction; cellulitis not otherwise specified; sprain of neck; chronic pain cervicothoracic pain and sprain of back. Treatment to date has included cymbalta; Norco; gabapentin and requip. The original utilization review (9-8-15) non-certified the request for EMG (Electromyography) bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had a prior MRI, which indicated L4 nerve root encroachment. There were thigh sensory abnormalities consistent with MRI findings. The request for an EMG /NCV is not necessary since imaging and exam concur. The request is not medically necessary.