

<b>Case Number:</b>	CM15-0197285		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/03/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Indiana, Michigan, 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 29 year old male who experienced a work related injury on March 3, 2015. Diagnoses include lumbar spine strain and benign low back pain. Diagnostics involved thoracic and lumbar spine radiographs on March 5, 2015, which showed no acute findings and a lumbosacral MRI on May 15, 2015, which was normal. Treatment incorporated medications, chiropractic care, physical therapy, occupational therapy and a home exercise program. Request is for an electromyography of the lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Lower Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker suffered a work related injury, which caused persistent low back pain with radiation to the right lower extremity. The symptoms of back pain with lower

extremity radiculopathy continue despite adequate treatment. Diagnostic testing has not revealed a precise etiology for the unwavering physical discomfort. MTUS Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction with low back symptoms lasting more than three or four weeks. In this case, electromyography is medically necessary and appropriate.