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| <b>Case Number:</b>   | CM15-0020786 |                              |            |
| <b>Date Assigned:</b> | 02/10/2015   | <b>Date of Injury:</b>       | 06/05/2013 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female who sustained an industrial injury on 6/5/13. The injured worker reported symptoms in the right lower extremity. The diagnoses included non-traumatic rupture of other tendons. Treatments to date include physical therapy, oral pain medication, non-steroidal anti-inflammatory drugs, ice application and activity modification. In a progress note dated 12/3/14 the treating provider reports the injured worker was with right ankle pain rated at "9/10 sharp extremely severe exacerbated by weight bearing, range of motion, palpation." as well as right foot pain rated at "9/10 .numbness at the foot/toes swelling at the foot/toes." On 1/6/15 Utilization Review non-certified the request for Electromyography of the right lower extremity and Electromyography of the left lower extremity. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low

Back (updated 11/21/2014), EMGs (Electromyography); Low Back (updated 11/21/2014), Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309 Table 12-8, Electrodiagnostics.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG of the right lower extremity is not medically necessary and appropriate.

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 11/21/2014), EMGs (Electromyography); Low Back (updated 11/21/2014), Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309 Table 12-8, Electrodiagnostics.

**Decision rationale:** The patient only exhibited right lower extremity symptoms with diffuse, nonspecific, unchanged clinical findings. Additionally, per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with exam findings of limited range without neurological deficits. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG of the left lower extremity is not medically necessary and appropriate.