

<b>Case Number:</b>	CM15-0027043		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 39 year old male, who sustained an industrial injury on April 21, 2014. The diagnoses have included thoracic spine protrusion, thoracic disc disorder and thoracic spine sprain. Treatment to date has included physical therapy, modified work activities, medication and diagnostic studies. Currently, the injured worker complains of neck and low back pain. On examination she had tenderness to palpation of the cervical spine, thoracic spine and lumbar spine. Her toe and heel walking was unremarkable and her leg flexors and extensors were 3/5 on the right. On January 27, 2015 Utilization Review non-certified a request for EMG of the lower extremities, noting that it would be reasonable to await the lumbar MRI results before pursuing EMG testing. The California Medical Treatment Utilization Schedule was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of EMG of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability

Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter EMGs (electromyography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The patient was injured on 04/21/2014 and presents with pain in her right groin area and right rib cage. The request is for an EMG OF THE LOWER EXTREMITIES. The utilization review denial rationale is that the patient has been authorized an MRI of the lumbar spine. It would be appropriate to review the findings of the lumbar spine MRI prior to determining the medical necessity of additional diagnostic testing. The RFA is dated 01/20/2015 and the patient is to return to work on modified duty as of 01/07/2015. The patient is to limit lifting/pulling/pushing up to 20 pounds. Review of the reports provided does not indicate if the patient has had a prior electrodiagnostic study conducted. For EMG, ACOEM Guidelines page 303 states, "electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has pain in her right groin area and right rib cage. She has weakness, spasm, tightness, headache, irritation, and stiffness. In regards to thoracic spine, there is persistent pain upon palpation over the mid right side thoracic paraspinal area, T7-T10. The pain subjectively radiates laterally. Range of motion of the lumbar spine causes pain in the thoracic spine. The patient is diagnosed with a sprain in thoracic region, injured by overextension and disk disorder, thoracic, with myelopathy. The patient has been complaining about her pain in her lower extremity as early as 08/19/2014. Therefore, the requested EMG of the lower extremities is medically necessary.