

<b>Case Number:</b>	CM15-0028290		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 62 year old female, who sustained an industrial injury on 5/3/2013. She has reported neck and low back pain. The diagnoses have included closed head injury and post-concussion syndrome, cervical strain and trapezius spasms, thoracolumbar strain, and cervical facet syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, and medial branch block. Currently, the IW complains of continued pain in neck and back radiating down left leg. Pain was rated 8/10 VAS in the neck and 7/10 VAS low back/leg. This was associated with numbness, tingling of feet and bilateral hands. Physical examination from 10/15/14 documented limited cervical rotation, trigger points on the right side, and tenderness. Lumbar spine evaluation documented painful Range of Motion (ROM), positive straight leg raise test on left, positive bilateral facet loading, and triggers point pain. The plan of care included use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, request for Magnetic Resonance Imaging (MRI), request for electromyogram, continuation of physical therapy and medication therapy. On 1/22/2015 Utilization Review non-certified bilateral electromyogram studies, noting the lack of Magnetic Resonance Imaging (MRI) results. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/16/2015, the injured worker submitted an application for IMR for review of bilateral electromyogram studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral lower extremities (BLE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC indications for EMG

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

**Decision rationale:** According to the guidelines, an EMG/NCV is not recommended for obvious radiculopathy. It is recommended if no improvement after 1 month to clarify nerve root dysfunction. In this case, the claimant had a positive Faber test involving the hip but no straight leg findings involving the lumbar spine. The sensory deficits found related to the cervical exam. In addition, the physician also ordered an MRI of the lumbar spine. Based on lack of clinical findings to necessitate the electrodiagnostic tests and the guidelines above, the request is not medically necessary.