

<b>Case Number:</b>	CM15-0028372		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 male, who sustained an industrial injury on 11/23/13. The Pain Management Consultation and Report dated 2/26/15 noted that the injured worker has complaints of flair up at the lumbar spine, with radiculopathy of lumbar spine, with numbness of right foot. The diagnoses have included sciatica; disturbance of skin sensation, unspecified and intervertebral disc disorder with myelopathy, lumbar region. Treatment to date has included cortisone injections to both wrists with 70% improvement; physiotherapy; acupuncture and medications. According to the utilization review performed on 1/20/15, the requested Electromyography (EMG) of the lower extremity has been non-certified. California Medical Treatment Utilization Schedule (MTUS) 2009 American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

**Decision rationale:** ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing." The treating physician has not provided subjective or objective findings that would indicate the need for an EMG. There are no findings that indicate dermatomal distribution of pain, muscle atrophy or muscle weakness at this time. As such the request for Electromyography (EMG) of the lower extremity is not medically necessary.