

<b>Case Number:</b>	CM15-0217965		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 68 year old male, who sustained an industrial injury on 7-14-2011. The injured worker is undergoing treatment for: pain to the left arm, left wrist and back. On 7-9-15, he reported low back pain with radiation into the left lower extremity with numbness in the foot. He indicated his pain to be unchanged and rated it 7-9 out of 10. He also reported left wrist and elbow pain rated 5-8 out of 10 and indicted it to be unchanged. Physical examination revealed noted neurogenic type claudication with left lower extremity, possible scoliosis, guarded and restricted lumbar range of motion, "no clinical evidence of stability" noted, intact coordination and balance; tenderness in the left elbow, no evidence of instability, diminished sensation in the ulnar digits; tenderness in the left hand and wrist. The treatment and diagnostic testing to date has included: shoulder replacement surgery (unclear which side and date of service), medications, heat, cold, massage, MRI of lumbar (2011). Medications have included: metformin, gabapentin, Vicodin, temazepam, Flomax, Celebrex and Flexeril. Current work status: permanently partially disabled. The request for authorization is for: EMG of the bilateral lower extremities. The UR dated 10-13-2015: non-certified the request for EMG of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) of Left lower extremity (LLE): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, Electromyogram (EMG) of Left lower extremity (LLE) are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are multilevel lumbar spondylosis; left first CMC arthrosis; and left lateral epicondylitis. Date of injury is July 14, 2011. Request authorization is September 29, 2015 referencing a July 9, 2015 progress note. According to the July 9, 2015 (sole progress note in the medical record), subjective complaints include low back pain that radiates to the left lower extremity and foot with numbness. Objectively, the documentation indicates there is no clear-cut radiculopathy but a neurogenic type claudication. The documentation further indicates the injured worker should not undergo any invasive type procedures including epidural steroid injections or otherwise. There is no clinical indication or rationale for an EMG of the left lower extremity. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines, no clear-cut radiculopathy but a neurogenic type claudication on examination, Electromyogram (EMG) of Left lower extremity (LLE) are not medically necessary.

**Electromyogram (EMG) of Right lower extremity (RLE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, Electromyogram (EMG) of Right lower extremity (RLE) is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are multilevel lumbar spondylosis; left first CMC arthrosis; and left lateral epicondylitis. Date of injury is July 14, 2011. Request authorization is September 29, 2015 referencing a July 9, 2015 progress note. According to the July 9, 2015 (sole progress note in the medical record), subjective complaints include low back pain that radiates to the left lower extremity and foot with numbness. Objectively, the documentation indicates there is no clear-cut radiculopathy but a neurogenic type claudication. The

documentation further indicates the injured worker should not undergo any invasive type procedures including epidural steroid injections or otherwise. There is no clinical indication or rationale for an EMG of the left lower extremity. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines, no clear-cut radiculopathy but a neurogenic type claudication on examination, Electromyogram (EMG) of Right lower extremity (RLE) are not medically necessary.