

<b>Case Number:</b>	CM15-0082078		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 47 year old female who sustained an industrial injury on August 8, 2013. She has reported low back pain and has been diagnosed with lumbosacral or thoracic neuritis or radiculitis, unspecified, lumbar sprain/strain, and chronic pain syndrome. Treatment has included medications, a tens unit, acupuncture, medical imaging, chiropractic care, modified work duty, and physical therapy. Currently the injured worker has low back pain that radiates to the right lower extremity with associated numbness. The treatment request included an 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:

**EMG bilateral lower extremities:** 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): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

**Decision rationale:** Per Guidelines, EMG is not recommended, as there is minimal justification for performing the studies when a patient has symptoms and clinical findings with presumed diagnoses of radiculopathy. Additionally, "Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.)." However, the patient already had an MRI of the lumbar spine showing disc pathology resulting in neural foraminal narrowing for nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy. The EMG bilateral lower extremities is not medically necessary and appropriate.