

<b>Case Number:</b>	CM15-0086292		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year-old male, who sustained an industrial injury on 08/05/2011. He has reported injury to the low back. The diagnoses have included lumbago; lumbar degenerative disc disease; lumbar facet arthropathy; lumbosacral radiculitis; sciatica; failed back surgery syndrome; and status post L3-L4 and L4-L5 left microdiscectomies on 03/16/2012. Comorbid conditions includes obesity. Treatment to date has included medications, diagnostics, injections, lumbar medial branch block, physical therapy, spinal cord stimulator placement, and surgical intervention. Medications have included Norco, Topamax, Wellbutrin and Oxycontin. A progress note from the treating physician, dated 02/11/2015, documented a follow-up visit with the injured worker. The injured worker complained of low back pain that was aching, spasmodic, and cramping; increased in pain radiating down each leg; the middle toe of his right foot had numbness; and medications helped to reduce pain and improve his ability to function, thus allowing him to be more active. Objective findings included moderate distress; myofascial tenderness to the lumbosacral area; and positive straight leg raise on the left side. The treatment plan has included the request for EMG (Electromyography) 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 of the Bilateral Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

**Decision rationale:** Electromyography (EMG) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles. Criteria for its use is very specific. The EMG test will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient had prior back surgery and yet continues to have low back signs and symptoms that would suggest a continued or recurrent nerve root dysfunction. The patient's pain pattern and examination does imply that a subtle focal neurologic deficit may be present. Results from this procedure may guide further therapy. Medical necessity for this procedure has been established. The request is medically necessary.