

<b>Case Number:</b>	CM14-0124236		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/04/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60 year old male who was injured on 10/04/2007 when the patient was reaching over to pick up a case of meat when the patient felt a pop in the back. Prior treatment history has included home exercise program, CPAP, and 8 sessions of physical therapy. Diagnostic studies reviewed include MRI dated 10/18/2007 revealed L4-L5 disc degeneration and broad based disc bulge of 4 mm; disc bulge at L5-S1 and degenerative changes at L4-5 and L3-4; mild bilaterally neuroforaminal stenosis due to retrolisthesis of L5; severe disc degeneration and facet arthropathy at L5-S1. He also had a discogram performed which revealed degenerative changes at L3-L4, L4-L5, L5-S1, and S1 which was grade 1 in severity. PR2 on 1/10/14 documented under imaging that EMG done by ██████████ showed L5-S1 radiculopathy. Encounter note dated 05/13/2014 states the patient presented with complaints of persistent pain. He reported his medications allow him to perform activities of daily living. Objective findings on exam revealed bilateral tenderness and spasms of the L3-S1 paraspinal muscles. The lumbar spine revealed decreased range of motion with extension at 15 degrees; flexion at 40 degrees; bilaterally lateral bending at 10 degrees and rotation at 15 degrees. The cervical spine revealed pain on extension of the back, localized to facet joints. The patient is diagnosed with lumbago, chronic pain syndrome, degenerative disk disease of the lumbar spine, and muscle spasm. The patient has been recommended for an EMG of bilateral lower extremities. Prior utilization review dated 07/18/2014 by ██████████ states the request for EMG Left lower Extremity and EMG RT Lower Extremity are not certified based on clinical information submitted for review. There was a concurrent request for TENS trial and it is felt that outcome of this intervention should first be assessed as EMG is generally considered when conservative treatments have been unsuccessful and there is persistent unexplained radicular pain. PR2 (progress report) on 7/8/14 documented thoracic or lumbosacral neuritis or radiculitis, lumbosacral disk degeneration, and that QME

(qualified medical evaluation) 11/11/13 recommended medication, aquatic program, PT, trigger points, TENS, epidural, facet injections, MRI, CT and EMG. Plan was for EMG of bilateral lower extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG Left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography) and on Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003929.htm>

**Decision rationale:** According to the CA MTUS guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the ODG, EMG is recommended (needle, not surface) as an option that may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Past MRI, discogram, and EMG all confirmed lumbosacral radiculopathy. Medical records did not provide any other reason why repeat EMG is needed. Therefore, the request is not medically necessary according to the guidelines.

**EMG Right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography) and on Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003929.htm>

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