

<b>Case Number:</b>	CM14-0133817		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Pain Management 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 injured worker is a 52-year-old male who sustained an injury on March 3, 2008, and December 29, 2010 and cumulative trauma from April 26, 2004 to January 10, 2011. He is diagnosed with (a) cervical discopathy; (b) lumbar discopathy; (c) status post right hip replacement; (d) L3-4, L4-5, and L5-S1 degenerative disc disease; (e) status post lumbar spine surgery performed in January 18, 2014; (f) mild bilateral shoulder impingement; and (g) head trauma with tinnitus. He was seen for a neurological evaluation on July 18, 2014. He reported progressive weakness of his bilateral lower extremities and constant intractable low back pain. Examination revealed moderately to markedly restricted range of motion. There were multiple myofascial trigger points and taut bands noted throughout the lumbar paraspinal muscles as well as in the gluteal muscles. Sensation to fine touch and pinprick was decreased in the posterior and lateral aspects of the bilateral calves. A request was submitted for authorization of electromyography of the bilateral lower extremities secondary to progressive weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography) of bilateral lower extremities (BLE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (Electromyography).

**Decision rationale:** The request for electromyography of the bilateral lower extremities is not medically necessary at this time. Evaluation dated July 18, 2014 revealed subjective reports of weakness that was said to be progressive. While there were findings of decreased sensation over the posterior and lateral regions of the bilateral calves on July 18, 2014, the rest of the progress reports prior to this revealed otherwise. Qualified medical evaluation dated June 3, 2014 revealed grade 5/5 motor power of the bilateral lower extremities. There was also a progress report dated June 16, 2014 and May 23, 2014 stating that motor examination by manual test was essentially normal. Hence, the necessity for the requested procedure was not fully substantiated based on reviewed medical records.