

<b>Case Number:</b>	CM14-0168440		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	06/21/2006
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 & 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:

According to the records made available for review, this is a 50-year-old female with a 6/21/06 date of injury and status post lumbar laminectomy and discectomy on 8/14/13. At the time (10/3/14) of the Decision for EMG, there is documentation of subjective (chronic low back pain) and objective (not specified) findings, current diagnoses (lumbar strain), and treatment to date (medication, TENS unit, lumbar epidural steroid injection, physical therapy, and activity modification). There is no documentation of focal neurologic dysfunction and evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four

weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of a diagnosis of lumbar strain. In addition, there is documentation of low back symptoms lasting more than three to four weeks and conservative treatment (medication, TENS unit, lumbar epidural steroid injection, physical therapy, and activity modification). However, given documentation of subjective findings (low back pain), and no documentation of objective findings, there is no documentation of focal neurologic dysfunction and evidence of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG is not medically necessary.