

<b>Case Number:</b>	CM15-0002032		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 34 year old female, who sustained an industrial injury on 05/14/2012. She has reported subsequent neck and back pain and was diagnosed with facet arthropathy of the lumbar spine, multi-level disc herniations of the lumbar spine and herniated nucleus propulsus of the thoracic spine. Treatment to date has included oral pain medication, activity modifications, physical therapy and cervical epidural injections. A progress note from 10/31/2014 showed that the injured worker reported continued neck and back pain that was rated as 6/10 along with weakness in the hands. The injured worker also reported continued back pain with weakness and numbness. Decreased sensation in the left L4, L5 and S1 dermatomes was noted. The physician noted that the injured worker was authorized for a microlumbar decompressive surgery on the left at L5-S1 and that surgery would take place as soon as possible. An electromyogram of the bilateral lower extremities was requested as the prior tests were outdated from an interventional standpoint. On 12/16/2014, Utilization Review non-certified a request for electromyogram of the bilateral lower extremities between 10/31/2014 and 01/19/2015, noting that electromyograms are not necessary if radiculopathy is already clinically obvious. ODG guidelines were cited.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

**Decision rationale:** The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation reported the worker was experiencing pain throughout the back that went into the arms, leg weakness, and left leg numbness. Examinations showed decreased sensation along the paths of the L4-S1 spinal routes. The member had a MRI of the lower back done on 04/18/2014 and EMG of both legs done on 11/17/2014, and these studies described consistent findings. There was no discussion detailing the reason a repeat study was needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an electromyography (EMG) of both legs is not medically necessary.