

<b>Case Number:</b>	CM15-0014455		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 4/14/2014. He has reported cramping of the lower back. The diagnoses have included cervical strain, cervical radiculitis, lumbosacral or thoracic neuritis/radiculitis, lumbar strain and myofascial pain. Magnetic Resonance Imaging (MRI) from 9/26/14 significant for disc herniation C3-4, C4-5, and protrusion C5-6 and disc herniation L5-S1. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Transcutaneous Electrical Nerve Stimulation (TENS), chiropractic therapy. Currently, the IW complains of low back pain 4/10 VAS and intermittent tight neck pain worse with activity. There was associated radiation to lower extremities documented with numbness, tingling and weakness in the left greater than right leg. There were no objective physical examination findings documented on the 2/19/15 visit. Plan of care included psychological evaluation, medications, lumbar epidural steroid injection and electromyogram to bilateral upper and lower extremities. On 1/13/2015 Utilization Review non-certified electromyogram of bilateral upper extremities, noting the documentation failed to support functional deficits. The MTUS Guidelines were cited. On 1/23/2015, the injured worker submitted an application for IMR for review of electromyogram of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 281. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study  
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. There is no documentation of significant change in the patient condition. Therefore, the request for EMG BUE is not medically necessary.