

<b>Case Number:</b>	CM15-0110668		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old female, who sustained an industrial injury on 9/26/2011. The current diagnoses are degenerative disc L4-L5 and L5-S1, facet and ligamentum flavum hypertrophy and left paracentral disc protrusion L4-L5 with left lateral recess stenosis with radiculopathy. According to the progress report dated 5/13/2015, the injured worker complains of severe low back pain with radiation into her left buttock, lateral thigh and calf down to her foot associated with numbness and tingling. Additionally, she reports progressive weakness in both legs, left worse than right. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over the midline, moderately diminished range of motion, and decreased sensation to light touch in the right lateral calf. Treatment to date has included medication management, x-rays, hot/cold pack, lumbar support, physical therapy, MRI studies, and epidural steroid injection. MRI of the lumbar spine from 7/1/13 showed a 5 millimeter disc protrusion at L4-L5 with moderate left foraminal stenosis traversing left L5 nerve root which may correlate with the patient's presentation. The plan of care includes electromyography (EMG) of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8; pg 182.

**Decision rationale:** According to ACOEM OMPG guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection," however EMG/NCV studies are not indicated "for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. " From my review of the records it appears that both the history, physical exam and MRI findings indicate that the IW is experiencing radicular pain related to nerve root involvement at L5 nerve root. Based on the clinically consistent evidence and according to the cited guidelines, electrodiagnostic studies will not contribute to the differential diagnosis or alter treatment plan. Therefore the requested EMG study is not medically necessary.