

<b>Case Number:</b>	CM15-0117638		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female, who sustained an industrial injury on 4/24/2013, resulting from a trip and fall, with an initial diagnosis of lumbar strain. The injured worker was diagnosed as having lumbar spondylosis, spondylolisthesis L5-S1, and sciatica. Treatment to date has included magnetic resonance imaging of the lumbar spine, physical therapy, trial lumbar facet nerve block, left sided lumbar facet nerve radiofrequency ablation, and medications. On 5/21/2015, the injured worker complains of constant low back pain with intermittent radiation of pain, numbness, and tingling down the posterolateral portion of her lower extremities to the calves. Current medications included Norco, Flexaril, blood pressure medication, and a sleeping pill. She ambulated without difficulty and had normal lumbar lordosis. There was spasm and guarding at the base of the lumbar spine and straight leg raise caused back pain. There was some trace weakness with plantar flexion bilaterally. Reflexes were 1+ and equal bilaterally at the patellar and Achilles regions. The treatment plan included electrodiagnostic studies for the bilateral lower extremities, noting the opinion that she was not a candidate for interventional treatment or surgery at this point in time. Her work status was permanent and stationary.

### 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 ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Regarding the request for EMG of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise other than a mention of trace weakness. The patient was previously worked up with imaging and the provider notes that the patient is at maximal medical improvement. Therefore, it is unclear how any potential results of an EMG for evaluation of trace weakness would be likely to modify the current treatment plan and there is no clear indication for its use for the purpose of rating, as noted by the provider. In light of the above issues, the currently requested EMG of the lower extremities is not medically necessary.