

<b>Case Number:</b>	CM15-0121980		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: 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 54 year old male, who sustained an industrial injury on 1/01/2008. He reported acute low back pain and symptoms from lifting activity. Diagnoses include multilevel lumbar disc bulge, lumbago, disc displacement, myofascitis, and lumbar radiculopathy. Treatments to date include activity modification, physical therapy, chiropractic therapy, acupuncture treatments, sacroiliac joint injection, facet injections and lumbar epidural injection. Currently, he complained of ongoing low back pain with radiation to bilateral lower extremities, left greater than right. The medical records indicated he was recommended to undergo a lumbar anterior lumbar interbody fusion. On 5/8/15, the physical examination documented tenderness with palpation to the lumbar spine and lumbosacral spine. The treating diagnoses included spondylolisthesis, displacement and pars defect L4 bilaterally and lumbar spine rule out radiculopathy. The provider documented concern for neurological changes requiring laminectomy and fusion of lumbar spine. The plan of care included an updated lumbar spine MRI and electromyogram and nerve conduction studies (EMG/NCS) of bilateral lower extremities. This appeal review is to authorize EMG tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated electromyograph (EMG) of the lumbar spine/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 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, the available documentation does not provide evidence of neurological dysfunction that would warrant the use of EMG studies. The request for updated electromyograph (EMG) of the lumbar spine/lower extremities is determined to not be medically necessary.