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| <b>Case Number:</b>   | CM15-0068723 |                              |            |
| <b>Date Assigned:</b> | 04/16/2015   | <b>Date of Injury:</b>       | 11/03/2014 |
| <b>Decision Date:</b> | 05/19/2015   | <b>UR Denial Date:</b>       | 03/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2015 |

### 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: Montana

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 36 year old male painter who suffered an industrial injury on 11/03/2014 when he fell 3 feet off a ladder. He injured his low back and has continued complaints of low back pain radiating to the left leg and toes. The diagnoses included discogenic lumbar disorder with facet inflammation along with radiculopathy and left internal derangement of the knee. The diagnostics included lumbar magnetic resonance imaging which demonstrated L5S1 disc degeneration with central canal and neuroforaminal stenosis. The injured worker had been treated with chiropractic therapy, back brace, physical therapy and medications. On 2/17/2015 treating provider reported the pain was rated 8/10 with radiation to the legs and toes with numbness, swelling and tingling. The treatment plan included EMG studies of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG study of lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Electromyography.

**Decision rationale:** The MTUS ACOEM guidelines and ODG guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the medical records do document low back symptoms lasting more than 3-4 weeks with complaint of pain, numbness and tingling in the lower extremities, worse on the left. The treating physician has requested the EMGs to obtain unequivocal evidence of radiculopathy, after over 1-month conservative therapy without significant benefit. Straight leg raising tests are described as positive. There is no indication of likely peripheral neuropathy in the lower extremities. The request for EMG study of the lower extremities does appear to be consistent with the MTUS guidelines and is medically necessary.