

<b>Case Number:</b>	CM15-0077243		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 58 year old female, who sustained an industrial injury, July 30, 2014. The injured worker previously received the following treatments Norco, Butrans Patches, NSAIDS, physical therapy, random laboratory studies, Celebrex, Flexeril and lumbar spine epidural injection. The injured worker was diagnosed with lumbar spine sprain/strain, shoulder and upper arm sprain/strain and hip and thigh sprain/strain, anxiety, depression and chronic pain, lumbar facet arthropathy, left sacroilitis, left shoulder internal derangement and shoulder myofascial pain, rule out left shoulder arthropathy. According to progress note of January 20, 2015, the injured workers chief complaint was lumbar spine pain which was reduced by 50-60% with an epidural steroid injection. The left mid-thigh, mid lateral calf and left lateral ankle were intact for light touch sensation. The treatment plan included EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

**Decision rationale:** ACOEM recommends "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." ODG further states that EMG is "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." The treating physician refers to clinically obvious radiculopathy of left lower extremity, guidelines recommend against EMGs of radiculopathy if it is clinically obvious. As such, the request for EMG Bilateral Lower Extremities is not medically necessary.