

<b>Case Number:</b>	CM15-0097315		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 58-year-old male, who sustained an industrial injury on 6/02/2011. He reported repetitive type injuries to the low back, left shoulder, and bilateral knees. Diagnoses include lumbar spine disc rupture, left shoulder strain, right knee strain, and left knee strain. He is status post hemilaminectomy and decompression on 2/10/15. Treatments to date include NSAID, muscle relaxant, physical therapy, TENS, epidural steroid injection, and acupuncture treatments. Currently, he complained of ongoing pain in the low back, left shoulder, right knee and left knee. On 4/7/15, the physical examination documented no new acute clinical findings. The plan of care included electromyogram (EMG) of upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG.

**Decision rationale:** Pursuant to the Official Disability Guidelines, lower extremity EMG is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbar spine disc rupture; left shoulder strain; right knee strain; left knee strain; and other problems unrelated to current evaluation. Subjectively, the injured worker has complaints of low back pain, left shoulder and bilateral knee pain. The light touch sensation section of the physical examination section of a progress note dated April 7 2015, contains right mid anterior thigh, right made lateral, and right lateral ankle are all intact. There are no additional physical findings documented in the medical record. The documentation does not contain subjective or objective clinical findings indicating radiculopathy or neuropathic symptoms and or signs. There is no clinical indication or rationale in the medical record for electro diagnostic studies. Additionally, the injured worker did not specify right or left lower extremity. Regardless, there are no neurologic symptoms referable to the right or left lower extremity according to the documentation in an April 7, 2015 progress note (request for authorization date April 15, 2015). Consequently, absent clinical documentation with neurologic findings compatible with radiculopathy and/or neuropathy, lower extremity EMG is not medically necessary.