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| Case Number: | CM13-0036643 | | |
| Date Assigned: | 11/07/2013 | Date of Injury: | 03/13/2003 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 38-year-old female with a 3/13/03 date of injury. At the time (10/31/13) of request for authorization for electromyography for the lower extremities, there is documentation of subjective findings of intermittent moderate to severe low back pain radiating to both lower extremities, left greater than right, on and off numbness and tingling and objective findings of limp on the right side, 5-/5 strength of the lower extremities of all muscles tested bilaterally, and positive straight leg raise at 45 degrees bilaterally. The reported imaging findings include a lumbar spine MRI (9/16/13) report revealed 2 mm central posterior disc protrusion at L4-5, indenting the anterior aspect of the thecal sac. The current diagnoses are lumbar sprain/strain; lower extremity radicular pain; 2 mm central posterior disc protrusion at L4-5 indenting the anterior aspect of the thecal sac per MRI, September 16, 2013. The treatment to date is medications, rhizotomy, and physical therapy. 10/22/13 medical report identifies that the patient underwent an MRI of the lumbar spine on September 16, 2013, with findings of a 2 mm disc protrusion at the L4-5 level. In addition, 10/22/13 medical report identifies that it is not believed that the 2 mm disc protrusion at L4-5 is the cause of the patient's radiating pain in the lower extremities; that it is unclear as to the cause of the pain and that an EMG study of the lower extremities would help clarify the situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography for the lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain; lower extremity radicular pain; 2 mm central posterior disc protrusion at L4-5 indenting the anterior aspect of the thecal sac per MRI, September 16, 2013. In addition, there is documentation of evidence of radiculopathy after 1-month of conservative therapy and an inconclusive MRI. Therefore, based on guidelines and a review of the evidence, the request for electromyography for the lower extremities is medically necessary.