

Case Number:	CM13-0041387		
Date Assigned:	12/20/2013	Date of Injury:	07/06/1997
Decision Date:	04/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Maryland. 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 physician 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:

The patient is a 46 year old male who reported a work related injury on 7/6/97 from lifting concrete/asphalt. The diagnoses include: thoracic sprain/strain; lumbar sprain/strain; and thoracic segmental dysfunction or somatic dysfunction. There is a request for the medical necessity of an EMG of the bilateral lower extremities. The claimant has had treatment over the past 16 years that included chiropractic, physical therapy, medications, and activity modification. There have been numerous flare-ups since the date of injury. Lumbar x-rays on 12/20/12 reveal: 1. Slight retrolisthesis of L3. Straightening of lumbar lordosis. 2. Disk height loss from L3-L4 to L5-S1. There is a 12/2/13 primary treating physician progress report that reports that the patient has increased leg pain and cramping while driving to and from work. On physical exam that patient has a loss of motion; lumbar flex 35 degrees, extension 14 degrees ; sensory loss L5-S1; R/L+ Kemps R/L; pain and lumbar spasms

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR BILATERAL LOWER EXTREMITIES (LEs): 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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: ACOEM Guidelines state that in regards to performing an EMG, if the neurologic examination is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted reveals that EMG testing was ordered at the same time as a weight-bearing MRI, a pain management consultation, and 6 additional chiropractic visits. The documentation indicates the EMG was ordered at the same time as both imaging and therapy. The ODG states that an EMG may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Furthermore, the ACOEM Guidelines state an EMG may be necessary depending on neurologic exam findings. The documentation does not reveal full neurologic testing. There are no documented reflex findings. There is no clear muscle strength testing examination performed indicating which muscles are being tested and their individual strength. An EMG for the bilateral lower extremities is not medically necessary and appropriate.