

Case Number:	CM13-0044667		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2013
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Rehabilitation and is licensed to practice in Ohio and Texas. 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 49 year old male who reported an injury on 07/25/2013. The only orthopedic follow-up note was submitted on 10/02/2013 by [REDACTED]. Physical examination revealed tenderness over the trochanteric bursa and over the Iliotibial band distally, decreased range of motion, and intact sensation distally. The patient is diagnosed with left hip trochanteric bursitis. Treatment recommendations included a Marcaine and steroid injection as well as formal physical therapy once per week for 4 weeks. An MRI of the lumbar spine was then submitted on 11/05/2013 by [REDACTED] which revealed discogenic disease in the lumbar spine with moderate narrowing of the left neural foramen at L4-5. The patient was subsequently referred for an electromyography and nerve conduction study on 11/15/2013 which revealed normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 331.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of radicular symptoms in either of the lower extremities on physical examination. There is no evidence that treatment to date has been directed toward the lumbar spine. There is also no evidence of a failure to respond to conservative treatment prior to the request for an electrodiagnostic studies. Based on the clinical information received, the request is non-certified.