

Case Number:	CM13-0046106		
Date Assigned:	12/27/2013	Date of Injury:	11/04/2009
Decision Date:	05/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation 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:

The patient is an employee of [REDACTED] and has submitted a claim for back pain with an industrial injury date of November 4, 2009. Treatment to date has included medications, physical therapy, trigger point injection, and epidural steroid injection. Utilization review from November 4, 2013 denied the request for 1 EMG of the bilateral lower extremities between 10/14/2013 and 12/20/2013. The rationale for determination was not submitted with this review. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of pain in the lumbosacral area with radiation to the right lower extremity. The pain was aching, burning, and associated with numbness, and was scored 3-6/10. Alleviating factors included prescription medications, walking, heat, and activity change. On physical examination, the lumbar spine demonstrated a slightly decreased lordosis with a slight concavity to the right. There was tenderness in the pelvic brim and junction bilaterally. There was also slight right sciatic notch tenderness. Extension and rotation to either side caused midline junctional discomfort. Gait was normal. Tarsal Tinel's was positive on the right from the medial plantar nerve to the head of the hallux.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: 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 rationale: According to page 303 of the ACOEM Low Back Chapter, electromyography (EMG), is indicated to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Guidelines also state that EMGs are not necessary if radiculopathy is already clinically obvious. In this case, subjective and objective findings of radiculopathy were clearly stated, as evidenced by complaints of radiating pain with numbness. Thus, the presence of radiculopathy is already obvious clinically. Therefore, the request for EMG of the bilateral lower extremities is not medically necessary.