

Case Number:	CM13-0046405		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2012
Decision Date:	03/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 54-year-old female who reported an injury on 5/7/12. The patient is currently diagnosed with low back pain and paresthesia in the bilateral feet. The patient was seen by [REDACTED] on 10/1/13. The patient reported ongoing lower back pain with bilateral lower extremity paresthesia and foot and ankle pain. Physical examination revealed intact sensation, no allodynia or hyperesthesia, 5/5 motor strength bilaterally, and normal gait. Treatment recommendations included awaiting authorization for a repeat EMG study and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex testing, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. As per the clinical documentation submitted, the patient's physical examination revealed 5/5 motor strength in the

bilateral lower extremities and intact sensation. There was no evidence of a significant neurologic deficit. There was also no evidence of a recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

NCS of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex testing, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. As per the clinical documentation submitted, the patient's physical examination revealed 5/5 motor strength in the bilateral lower extremities and intact sensation. There was no evidence of a significant neurologic deficit. There was also no evidence of a recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

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