

Case Number:	CM13-0046961		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2004
Decision Date:	04/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 45 year-old with a date of injury of 03/09/04. A progress report associated with the request for services, dated 09/06/13, identified subjective complaints of low back pain radiating to the left leg with numbness and tingling. Objective findings included tenderness of the lumbar spine with decreased range-of-motion. There was decreased sensation in the left leg with mild weakness. Electrodiagnostics were done in 2005 and revealed a radiculopathy. An MRI was done in 2006. Diagnoses included lumbar disc disease with an L4-5 radiculopathy; L4-5 facet hypertrophy. Treatment has included oral analgesics, muscle relaxants, and an antiseizure agent. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of "EMG OF BILATERAL LOWER EXTREMITIES".

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. Previous electrodiagnostic studies demonstrated a radiculopathy. In this case, the patient exhibits signs and symptoms of a radiculopathy. Likewise, there is no mention that imaging studies are contemplated. Therefore, the record does not document the medical necessity for an electromyogram.