

Case Number:	CM13-0048265		
Date Assigned:	12/27/2013	Date of Injury:	03/29/2006
Decision Date:	05/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 Neurology, and is licensed to practice in New Jersey. 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 injured worker is a 60 year old woman who sustained a work related injury on March 29 2006. Subsequently, she developed chronic back pain. According to a note dated on September 24 2013, the patient was complaining of shooting pain in the lumbar area. Her physical examination demonstrated lumbar tenderness with reduced range of motion. Her lumbar MRI showed degenerative disc disease. She was diagnosed with lumbar spondylosis. The provider requested authorization for an EMG of both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF TWO LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation ODG-TWC regarding acute & chronic Lumbar and Thoracic Spine complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

Decision rationale: According to the ACOEM Guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." According to the ACOEM

Guidelines, needle EMG studies help identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation and is useful to identify physiological insult and anatomical defect in case of neck pain. The patient developed chronic back pain without recent evidence of radicular pain or nerve root impingement. There is no recent clear justification for the need of an EMG. Therefore, the request for EMG of lower extremity is not medically necessary and appropriate.