

Case Number:	CM13-0049076		
Date Assigned:	06/09/2014	Date of Injury:	05/26/2013
Decision Date:	07/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 and is licensed to practice in New York, Colorado, Kentucky and 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 injured worker is a 51-year-old male who reported an injury to his low back in May 2013. The clinical note dated 07/15/13 indicates the injured worker complaining of left sided radicular pain. X-rays completed on that day revealed spondylitic changes with degenerative disc disease at L5-S1. The MRI (magnetic resonance imaging) of the lumbar spine dated 08/05/13 revealed a disc bulge at L4-5 measuring 5-6mm along with a broad based left side foraminal disc protrusion with an annular fissure. No significant right sided neuroforaminal stenosis was identified. Mild spinal canal stenosis was identified. Mild left sided neuroforaminal stenosis was also revealed. The clinical note dated 09/13/13 indicates the injured worker continuing with complaints of low back pain. The injured worker stated the initial injury occurred on 05/26/13 when he was raising gear on a trailer and felt a pop with subsequent severe pain in the low back. The note does indicate the injured worker having undergone therapy as well as the use of medications. Numbness and tingling were identified in the left lower extremity along the L4 distribution. Spasms were also identified on a regular basis. The note does indicate the injured worker having undergone an MRI which revealed a disc protrusion at the L4-5 area measuring 5-6mm along with an annular fissure. There is an indication the injured worker has completed 6 physical therapy sessions to date. The clinical note dated 10/02/13 indicates the injured worker complaining of numbness and tingling in the lower extremities. Upon exam, the injured worker was identified as ambulating with a normal gait. Tenderness was identified at the paralumbar musculature. The injured worker was able to demonstrate 5/5 strength throughout the lower extremities. No reflex deficits were revealed. The injured worker was able to demonstrate 60 degrees of lumbar flexion with pain; 30 degrees of extension with pain; 30 degrees of bilateral tilt; as well as 30 degrees of bilateral rotation. The injured worker was recommended for epidural steroid injections and was continuing with the use of cyclobenzaprine and Diclofenac

for ongoing pain relief. The utilization review dated 10/31/13 resulted in a denial as there was no indication the injured worker was experiencing right sided symptoms or radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

Decision rationale: The request for an electromyogram of the left lower extremity is recommended. The documentation indicates the injured worker complaining of left sided radiculopathy. The previous MRI (magnetic resonance imaging) of the lumbar spine also revealed significant findings at the L4-5 level. Electrodiagnostic studies are indicated for injured workers who have demonstrated neurologic deficits. Given the indication the injured worker is complaining of neurologic involvement in the left lower extremity, an electrodiagnostic study (EMG) is reasonable in order to provide the injured worker's pathway for future treatments. Therefore, this request is reasonable based on American College of Occupational and Environmental Medicine (ACOEM) guidelines.

ELECTROMYOGRAM (EMG) OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

Decision rationale: The request for an electromyogram of the right lower extremity is not medically necessary. The documentation indicates the injured worker having no specific complaints of right lower extremity involvement. The clinical notes indicate the injured worker having specific complaints of neurologic involvement in the left lower extremity with no identification of right lower extremity complaints. Therefore, this request is not medically necessary based on American College of Occupational and Environmental Medicine (ACOEM) guidelines.