

Case Number:	CM13-0056212		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2013
Decision Date:	03/24/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 43 year old female with a date of injury on 1/25/13. She has been treated for symptoms resulting from a fall to her head, wrist, lumbar, and cervical spine. Diagnoses include cervical strain, lumbar strain, right shoulder internal derangement, right hip strain, and right wrist strain. Medications have included Norco and Robaxin. Subjective complaints include pain in the neck, upper and lower back, right shoulder, wrist, and hip pain, as well as sleeping problems. Physical exam demonstrates decreased right shoulder sensation, decreased shoulder range of motion, and positive Phalen's sign in right wrist. The exam also showed diffuse thoracic and lumbar tenderness, negative straight leg raise test, symmetrical 2+ reflexes, and no motor or sensory deficit. An MRI of the lumbar spine from 4/7/13 showed a 2mm posterior disc bulge at L5. The patient had bilateral lower extremity electrodiagnostic studies in August 2013. NCS and EMG of the lower extremities were within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS suggests that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. This patient had normal electrodiagnostic studies in August 2013, and there is no medical documentation that demonstrates any substantial subjective/objective findings that demonstrate worsening lumbar radiculopathy, compression neuropathy, or peripheral neuropathy that would warrant repeat testing. Therefore, the medical necessity of EMG of the bilateral lower extremity is not established. The request is noncertified.