MAXIMUS Federal Services

Case Number:	CM13-0058295		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2012
Decision Date:	03/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 20 year old male who sustained an injury on 09/17/2012. The mechanism of injury was not provided. He has a diagnosis of low back pain. MRI of the LS spine has demonstrated discogenic disease at L3-L4, and L5-S1 with lateral recess and severe canal stenosis. On exam his reflexes in the lower extremities were 2/4 with normal muscle tone and the right ankle reflex was absent. He has pain with radiation to the posterior buttock to right above the knee and reports burning and tingling in the thigh and right lateral foot. Straight leg rasisng is negative and there are no focal motor deficits. He has received treatment with medication, physical therapy, epidural steroid injection therapy and chiropractic. The treating provider has recommended EMG testing of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower and left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010

Decision rationale: The Physician Reviewer's decision rationale: Per the reviewed guidelines, EMG testing is indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Electromyography is not indicated for acute, sub-acute and chronic radicular pain syndromes including sciatica. The claimant had a date of injury of 09/17/2012. Per the documentation on exam 11/08/2013 the claimant has reported burning and tingling in the thigh and right lateral foot. Reflexes in the knees are +2 and symmetrical with an absent right ankle reflex. There is specific documentation demonstrating objective evidence of myotomal and dermatomal findings demonstrating radiculopathy in the S1 distribution. Medical necessity for the requested item has been established. The requested item is medically necessary.