

Case Number:	CM13-0058568		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2012
Decision Date:	04/10/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 patient is a 40-year-old female who reported an injury on 08/06/2012. The patient was reportedly injured when she was crushed between boxes and pallets. The patient is currently diagnosed with lumbosacral sprain, possible tear of the right acetabular labrum, obesity, and psychological factors. The patient was seen by [REDACTED] on 07/17/2013. The patient reported persistent pain in the lower back with radiation to bilateral lower extremities. Physical examination revealed 2+ muscle guarding of the lumbar spine, tenderness to palpation, positive straight leg raising, weakness of bilateral lower extremities, and tenderness over the greater trochanter bilaterally. A review of medical records was conducted at that time. Treatment recommendations included an updated Electromyography (EMG)/Nerve Conduction Velocity (NCV) study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography (EMG) of the bilateral lower extremities (BLE): 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): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient previously underwent electromyography studies in 11/2012. There is no evidence of a progression of symptoms or physical examination findings that would warrant the need for a repeat study. There is also no evidence of an exhaustion of recent conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established. Therefore, the request is non-certified.

1 Nerve conduction velocity (NCV) of the bilateral lower extremities (BLE): 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): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient previously underwent electromyography studies in 11/2012. There is no evidence of a progression of symptoms or physical examination findings that would warrant the need for a repeat study. There is also no evidence of an exhaustion of recent conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established. Therefore, the request is non-certified.