

Case Number:	CM13-0059082		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2013
Decision Date:	05/06/2014	UR Denial Date:	11/19/2013
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; Pain Management has a subspecialty in Interventional Spine and is licensed to practice in 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:

This patient is a 46-year-old male with date of injury 09/09/2013. Per treating physician's report 10/15/2013, patient presents with thoracic pain, lumbar pain with radiation into both buttocks and thighs, numbness and tingling in both lower extremities. Examination showed diminished range of motion, palpatory tenderness in the mid and lower paravertebral muscles, but negative straight leg raise. Listed diagnoses are: 1. Rotator cuff tendinitis impingement syndrome. 2. Thoracic spine strain. 3. Lumbar spine strain. 4. Lumbar radicular syndrome. Final Determination Letter for IMR Case Number CM13-0059082 3 Treatment recommendation is for physical therapy, MRI of the thoracic and lumbar spine, and electrodiagnostic studies of the lower extremities as well as neurologic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEEDLE ELECTROMYOGRAPHY; 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS: Overturned

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

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

Decision rationale: This patient presents with persistent low back pain. The request is for EMG needle studies of the lower extremities. Utilization Review from 11/19/2013 denied the request stating lack of neurologic findings. ACOEM Guidelines provide clear discussion regarding EMG needle studies. It states on page 303, "Electromyography (EMG) 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." In this patient, the patient's low back symptoms have lasted more than 3 to 4 weeks. There is no evidence that the patient has had prior EMG needle studies. Given the support from ACOEM Guidelines, the request is for authorization.