

Case Number:	CM13-0063377		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2005
Decision Date:	04/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery 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 54-year-old claimant has a date of injury of 6/20/05. He has been treated for back and leg pain. He is status post a previous L5-S1 laminectomy and discectomy. There has been concern over a right-sided L5-S1 radiculopathy problem. This claimant was seen by [REDACTED] in October 2013. At that juncture, [REDACTED] noted numbness and tingling in the right L5-S1 distribution with positive straight leg raise and right-sided gastrocnemius weakness. [REDACTED] recommended a new MRI, Electromyography (EMG) of the lower extremities, and neurologic consultation. An MRI was approved; however, the EMG was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography linear envelope (EMG LE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 51 and 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: An EMG of the bilateral lower extremities would not be considered medically necessary and appropriate based upon the review of the records provided in this case and the ACOEM Guidelines. ACOEM Guidelines support a needle EMG examination when the

MRI is equivocal and there are ongoing pain complaints that raise questions about whether or not there may be a neurologic compromise that may be identifiable such as leg symptoms consistent with radiculopathy, spinal stenosis, or peripheral neuropathy. In this case, the updated MRI was not yet performed. Examination is classic for a radiculopathy problem. As there is a classic examination and the MRI was not done yet to know whether or not it is equivocal, a needle EMG examination of the lower extremities cannot be certified in this case.