

Case Number:	CM13-0064411		
Date Assigned:	01/03/2014	Date of Injury:	09/30/2010
Decision Date:	04/18/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Sports Medicine, 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 39-year-old female who reported an injury on 9/30/10, after a trip and fall that caused injury to the patient's left knee, left abdomen, and left shoulder. The patient's treatment history included medications, physical therapy, acupuncture, and lumbar epidural steroid injections. The patient also underwent an MRI in April 2011 that documented the patient had ligamentum flavum buckling at the L4-5 level, and no evidence of intervertebral disc herniations or stenosis. The patient also underwent an MRI in May 2011 that determined the patient had cervical radiculopathy involving the C5-6 nerve roots, and lumbar radiculopathy involving the L5-S1 nerve roots. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation of the right-sided L4, L5, and S1 facets of the lumbar spine with a positive straight leg raising test to the right. The patient's diagnoses included cervical facet syndrome, lumbar radiculopathy, lumbar disc disorder, and cervical pain. The patient's treatment recommendations include a cervical epidural steroid injection, continued medication usage, and an updated MRI of the lumbar spine and electromyography of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: 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: The requested EMG of the bilateral lower extremities is not medically necessary or appropriate. The ACOEM recommends electrodiagnostic studies for patients who have evidence of radiculopathy that does not clearly identify a dermatomal distribution that requires further diagnostic evaluation. The clinical documentation submitted for review does provide evidence that the patient has a right-sided straight leg raising test, decreased motor strength, and decreased sensation in the L5-S1 distribution. Given the patient's clinically evident radiculopathy, it is unclear how an electrodiagnostic study would contribute to the patient's treatment planning. Additionally, the patient previously underwent an electrodiagnostic study that identified L5-S1 radiculopathy. The patient has not had a significant change in clinical presentation to support the need for an additional electrodiagnostic study. As such, the requested EMG of the bilateral lower extremities is not medically necessary or appropriate.