

Case Number:	CM13-0066174		
Date Assigned:	01/03/2014	Date of Injury:	05/19/2011
Decision Date:	04/14/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine, 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 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 patient is a [REDACTED] employee who has filed a claim for persistent low back pain radiating to the left leg associated with an industrial injury of May 19, 2011. On May 24, 2011, the patient was described as having failed back surgery with residual low back pain and right lower extremity loss of function, noted as foot drop with resulting difficulty walking. The treatment to date has included post-op physical therapy, nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and opioids. The patient continues to work with activity restrictions and the condition is considered permanent and stationary. Progress notes reviewed from October 2013 revealed development of left lower extremity radicular symptoms. An MRI (magnetic resonance imaging) of the lumbar spine was obtained which showed severe degenerative changes within the lumbar spine with severe narrowing of the central canal at L3-4 and foraminal narrowing at multiple levels. On 10/16/13 doctor's first report indicates left foot weakness and decreased sensation over the dorsum of the foot. On 11/11/13 progress report indicated numbness in the L3 and L4 dermatomes. In a utilization review report of December 03, 2013, the claims administrator denied a request for electromyogram (EMG) studies of right and left lower extremities. The patient's attorney later appealed. ❌❌

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR AN ELECTROMYOGRAPHY (EMG) OF THE LOWER LEFT EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), and Official Disability Guidelines (ODG), Low Back chapter, EMGs (electromyography)

Decision rationale: As noted in the MTUS/ACOEM Guidelines, electromyogram (EMGs) are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) state that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the patient presented with left foot weakness despite appropriate attempts at conservative care. While objective documentation is sparse and documented over the course of several consecutive progress reports, there is also numbness in the L3 and L4 dermatomes that has persisted despite conservative care. Therefore, the request for an Electromyography (EMG) of the lower left and right extremity was medically necessary per the guideline recommendations of MTUS and ODG.

AN ELECTROMYOGRAPHY (EMG) OF THE LOWER RIGHT EXTREMITY:

Overtaken

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Official Disability Guidelines (ODG), Low Back chapter, EMGs (electromyography)

Decision rationale: As noted in the MTUS/ACOEM Guidelines, electromyogram (EMGs) are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) state that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the patient presented with left foot weakness despite appropriate attempts at conservative care. While objective documentation is sparse and documented over the course of several consecutive progress reports, there is also numbness in the L3 and L4 dermatomes that has persisted despite conservative care. Therefore, the request for an Electromyography (EMG) of the lower left and right extremity was medically necessary per the guideline recommendations of MTUS and ODG.

