MAXIMUS Federal Services

Case Number:	CM13-0068022		
Date Assigned:	04/02/2014	Date of Injury:	09/19/2011
Decision Date:	06/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Illinois. 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 injured worker is a 48 year old male who reported an injury on 09/19/2011 due to an unknown mechanism. The clinical note dated 11/07/2013 indicated diagnoses of thoracic pain, cervical pain/strain, pain throracic spine with radicular/visceral, costovertebral osteoarthritis, disc degeneration-thoracic, facet syndrome; cervical radiculopathy, thoracic radiculopathy, chronic pain and low back pain. The injured worker reported he received a cervical epidural block and left T6-7 epidural block on 10/29/2013. The injured worker reported the injections caused his symptoms to flare up. The injured worker reported his pain was rated 9/10 and was somewhat sharp in quality. The injured worker's cervical spine range of motion was reduced. The injured worker's medication regimen included Lyrica, Naproxen, Trazodone, Tramadol, Tramadol ER, Ambien, Flexeril, Hydrocodone and Methadone. The request for authorization was submitted on 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITY: Upheld

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): 303-305.

Decision rationale: The request for Electromyogram (EMG) of the bilateral lower extremity is non-certified. ACOEM states electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than three or four weeks. There is lack of evidence within the documentation indicating any significant findings of neurologic deficits. Furthermore, there was lack of evidence of a subjective examination to the lower extremities. Therefore, the request for Electromyogram (EMG) of the bilateral lower extremity is not medically necessary and appropriate.