

Case Number:	CM13-0071196		
Date Assigned:	01/08/2014	Date of Injury:	05/10/2011
Decision Date:	06/26/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/28/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in Texas and Ohio. 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 46-year-old male who reported an injury on 05/10/2011, due to an unknown mechanism. The clinical note dated 08/26/2013 revealed a positive straight leg raise. The clinical note dated 01/07/2014, indicated the injured worker complained of low back pain and right knee pain. The injured worker's physical exam findings included tenderness of the medial aspect of the right knee, myospasm, and tenderness of the lumbar paraspinal musculature. The pulmonary function test revealed decreased pulmonary function parameters consistent with patient history upon bronchial asthma, and impedance cardiogram revealed an increase in systematic vascular resistance, and systematic vascular resistance index. The injured worker's diagnoses were diabetes mellitus accelerated by work injury, lumbar disc protrusion, radiculopathy, right lower extremity, prior history of bronchial asthma, gastritis, secondary to NSAID medication, irritable bowel syndrome manifested by diarrhea, internal derangement of right knee, musculoligamentous sprain, strain lumbar spine, lumbar disc protrusions and bronchial asthma. The provider recommended an EMG for bilateral lower extremities. The request for authorization form was not included in the medical documents for review, and the providers rational for the request was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM state Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The medical documents lack evidence of muscle weakness and numbness symptoms that would indicate peripheral nerve impingement. Furthermore, there is a lack of evidence of the injured workers failed response to conservative treatment which would include physical therapy and medications. As such, the request is not medically necessary.