

Case Number:	CM13-0071996		
Date Assigned:	02/05/2014	Date of Injury:	05/04/2007
Decision Date:	06/13/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 Interventional Spine 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:

The patient is a 57 year old male with an injury date of 05/04/07. Based on the 11/26/13 progress report provided by [REDACTED] the patient complains of low back pain. The patient's diagnoses include chronic back pain, L5-S1 radiculitis and degenerative lumbar spondylosis. [REDACTED] is requesting for an EMG of the lower extremities. The utilization review determination being challenged is dated 12/05/13. The rationale is that there are no sensory/motor deficits identified either in a radicular dermatomal or peripheral distribution to substantiate the necessity of this diagnostic study. Also, there are no positive root tension signs noted on examination. [REDACTED] is the requesting provider, and he provided four treatment reports from 01/16/13- 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: According to the 11/26/13 progress report by [REDACTED], the patient presents with chronic back pain, L5-S1 radiculitis, and degenerative lumbar spondylosis. The request is for an EMG of the lower extremities. Review of the available reports do not show evidence of a prior EMG. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has mentioned persistent pain in the low back in every progress report since 01/16/13, lasting more than 3 to 4 weeks. Despite the utilization reviewer's understanding that neurologic deficit must be present for EMG, ACOEM guidelines has otherwise. The patient only needs to present with back pain and EMG may help uncover focal neurologic deficit. Recommendation is for authorization.