

Case Number:	CM14-0006135		
Date Assigned:	02/07/2014	Date of Injury:	12/25/2006
Decision Date:	09/18/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 Emergency 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 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 61 year-old female, who sustained an injury on December 25, 2006. The mechanism of injury occurred from a slip and fall. Diagnostics have included: lumbar spine MRI dated February 7, 2007 reported as showing mild degenerative changes at L3-S1 with moderate facet arthropathy; Lower extremity EMG dated July 17, 2007 was reported as normal. Treatments have included: medications, acupuncture, right knee arthroscopy 2009. The current diagnoses are: cervical disc displacement, neck pain, lumbosacral disc degeneration, psychogenic pain. The stated purpose of the request for Repeat electromyogram of the bilateral lower extremities was to investigate right lower extremity symptoms. The request for Repeat electromyogram of the bilateral lower extremities was denied on December 31, 2013, noting that the EMG should be delayed pending results of an ordered updated lumbar spine MRI. Per the report dated December 23, 2013, the treating physician noted increased complaints of chronic pain to the neck, back and right lower extremity. Exam findings included an antalgic gait, lumbosacral tenderness to palpation and reduced range of motion, decreased sensation in the right L5-S1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT ELECTROMYOGRAM OF THE BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Repeat electromyogram of the bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The injured worker has increased complaints of chronic pain to the neck, back and right lower extremity. The treating physician has documented an antalgic gait, lumbosacral tenderness to palpation and reduced range of motion, decreased sensation in the right L5-S1 distribution. The treating physician has not documented a positive straight leg raising test, nor other indications of nerve compromise such as specific muscle weakness or deficits in lower extremity weakness. It is also clinically appropriate to assess the results of an ordered and authorized lumbar spine MRI. There is also no established medical necessity for electrodiagnostic studies of the left lower extremity as the reported symptoms and sensation deficits are only noted to the right lower extremity. The criteria noted above not having been met, Repeat electromyogram of the bilateral lower extremities, is not medically necessary.