

Case Number:	CM14-0101240		
Date Assigned:	07/30/2014	Date of Injury:	11/26/1990
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine & Rehabilitation 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 53-year-old male who reported an injury on 11/26/1990. The mechanism of injury was not provided for clinical review. The diagnoses include status post posterior spinal fusion, L4-S1 stable, and peripheral neuropathy versus residual radiculitis, left greater than right. Previous treatments included medication and surgery. Within the clinical note dated 09/18/2013, it was reported the injured worker complained of hypersensitivity in the L4 distribution however, has improved with surgery. The injured worker reported back and leg pain worsen at the end of the day but is doing better overall. On the physical examination, the provider noted the motor evaluation was 5/5. The provider indicated the injured worker had some hypersensitivity in the L4 distribution. The provider indicated the injured worker had no pain with internal or external rotation of the hips. The injured worker was able to perform the heel to toe walk. The request submitted is for an electromyography for the right lower extremity as an outpatient. However, a rationale a request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for the right lower extremity as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back Disorders>.

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

Decision rationale: The request for an Electromyography for the Right Lower Extremity as an outpatient is not medically necessary. The injured worker complained of hypersensitivity in the L4 distribution. The injured worker complained of back and leg pain being worse at the end of the day but is doing better overall. California MTUS/ACOEM Guidelines note Electromyographies including H-reflex tests may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Discography is not recommended for assessing patients with acute low back symptoms. There is a lack of documentation indicating the injured worker has tried and failed on conservative care. There is a lack of significant objective findings warranting the medical necessity for an EMG. Based on the lack of significant neurological deficits such as decreased sensation or motor strength in a specific myotomal or dermatomal distribution, the request is not medically necessary.