

Case Number:	CM14-0105989		
Date Assigned:	07/30/2014	Date of Injury:	10/04/2007
Decision Date:	10/02/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation and has a subspecialty in Interventional Spine, and 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 59-year-old male with an injury date of 10/04/2007. Based on the 04/30/2014 progress report, the patient complains of chronic low back and left lower extremity pain. The patient has an antalgic gait. The patient has bilateral tenderness and spasms of the L3-S1 paraspinal muscles. Examination of the lumbar spine shows decreased range of motion. The patient's diagnoses include the following: 1.Lumbago. 2.Chronic pain syndrome. 3.Degenerative disk disease, lumbar spine. 4.Morbid obesity. 5.Spasm of muscle. 6.Long-term (current) use of medications. 7.Encounter for therapeutic drug monitoring. The utilization review determination being challenged is dated 06/19/2014. Treatment reports were provided from 11/14/2013 - 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Left Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter updated 06/10/14

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

Decision rationale: Based on the 04/30/2014 progress report, the patient complains of having chronic low back pain and left lower extremity pain. The request is for an electromyogram (EMG) of the left lower extremity. The patient previously had an EMG that was consistent with the L5-S1 radiculopathy; the date of this previous EMG was not indicated and it is unclear why the treater is requesting for another one. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In this case, the patient has been complaining of having lower back pain since 11/14/2013. Recommendation is for authorization.

Electromyogram (EMG) Right Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter updated 06/10/14

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

Decision rationale: Based on the 04/30/2014 progress report, the patient complains of having chronic low back pain and left lower extremity pain. The request is for an electromyogram of the right lower extremity. A previous EMG was done which was consistent with the radiculopathy found at L5-S1. The date of this EMG was not provided. ACOEM Guidelines page 303 states, "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In this case, the patient has been having persistent lower back pain as early as 11/14/2013. Recommendation is for authorization.