

Case Number:	CM14-0136497		
Date Assigned:	09/03/2014	Date of Injury:	06/24/2010
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational 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 patient is a 32 year old male with date of injury 6/24/10. Mechanism of injury was a truck accident, in which the patient's cement truck crashed and flipped over. On 7/29/14, in the only progress note available, the patient complained of constant low back pain of intensity 7-8/10. Physical examination revealed guarding and muscle spasm, painful range of motion with restriction on the left, and tenderness to palpation of the bilateral paraspinal musculature. No neurological examination was documented. The diagnosis assigned was lumbar strain and sprain. A request for EMG/NCS of the bilateral lower extremities was first submitted on 8/7/14, with a diagnosis of radiculopathy. Treatment to date: Unavailable. An adverse determination was received on 8/13/14; because there were neither radicular complaints nor evidence of radiculopathy, the request for EMG/NCV was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test 2 limbs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electromyography. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Low Back Chapter: EMG/NCV)

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This patient presents with chronic low back pain, following a motor vehicle accident 4 years ago. The patient does continue to experience severe, 7-8/10 pain with muscle spasm and restricted range of motion in the lumbar spine; however, he neither complains of radicular pain, nor displays evidence of radiculopathy. There is a lack of documentation with regard to this patient's motor deficits or what muscle (group) requires testing, nor is there a rationale given for why such testing is needed in this patient. In addition, the request for muscle testing is not specific. Furthermore, there is no documentation regarding failure of conservative care. Therefore, the request for Muscle Test 2 limbs is not medically necessary.