

Case Number:	CM14-0151315		
Date Assigned:	10/23/2014	Date of Injury:	07/02/2012
Decision Date:	12/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53 year old male who sustained an industrial injury on 07/02/2012. The injury occurred while he was pulling a cart with about 300 pounds of chickens when the wheel malfunctioned and the cart fell. He slipped on a cold wet floor in the freezer and fell onto his left side. His diagnosis is chronic low back pain. He continues to complain of low back pain with radiation to the left hip and left leg. On physical exam he ambulates with an antalgic gait. Hip range of motion caused pain on the left side and he has difficulty low-walking and heel-walking on the left side. Extensor hallicis longus strength, tibialis anterior strength and gastrocnemius strength on the left was 4/5. Treatment has included medical therapy with opiates, arthroscopic hip surgery, physical therapy, chiropractic therapy, and epidural steroid injections. The treating provider has requested EMG and NCV of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCV of the Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14), EMGs (electromyography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: EMGs

Decision rationale: Per ODG, EMGs of the low back are recommended to obtain unequivocal evidence of radiculopathy. The study is useful to identify, subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, the claimant has prolonged low back pain with radiculopathy involving the left leg and he has not responded to multiple conservative and interventional therapies. EMG could serve to identify the specific low back source for the symptoms. Medical necessity for the requested item has been established. The request is medically necessary.