

Case Number:	CM14-0162764		
Date Assigned:	10/07/2014	Date of Injury:	03/24/2012
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 Arizona. 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 woman with a work related injury dated 3/24/12 resulting in chronic pain. The patient was evaluated by the primary treating physician on 8/13/14. She complained of continued pain in the cervical, thoracic, lumbar spine and extremities. The exam showed positive Spurling's maneuver and positive Straight leg raising. There was significant mid bilateral lumbar paraspinal tenderness in conjunction with evidence of L5 degenerative arthrosis. The documentation shows she has not received relief with physical therapy and will require surgical intervention and electrodiagnostic studies of bilateral upper and lower extremities. The diagnosis includes cervical strain, internal derangement/bilateral shoulders, bilateral tennis elbow, rule out carpal tunnel syndrome, lumbar strain. She continues to complain of low back pain and is requesting a lumbar corset. Under consideration is the medical necessity of bilateral lower extremities EMG and a lumbar corset for low back pain. These services were denied during utilization review dated 9/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography,) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: According to the ACOEM chapter on chronic low back pain an EMG is recommended if there is no improvement after one month and the physical exam is not clinically obvious for a radiculopathy. In this case the documentation supports a clinically obvious radiculopathy of the lower extremities therefore bilateral lower extremity EMG is not medically necessary.

Lumbar Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: According to the ACOEM chapter on chronic low back pain the use of a lumbar corset is not recommended and is not effective. The use of a lumbar corset is not medically necessary.