

Case Number:	CM14-0172125		
Date Assigned:	10/23/2014	Date of Injury:	08/05/2013
Decision Date:	12/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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 47-year-old male who has submitted a claim for lumbar spine strain, right ankle sprain and strain, and right Achilles tendonitis; associated with an industrial injury date of August 5, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of continued pain in the lower back, right shoulder, neck, and right ankle. Examination of the lumbar spine revealed tenderness over the paraspinal and quadratus lumborum muscles bilaterally, positive sitting root test, and normal straight leg raise test at 80 degrees bilaterally. On examination of the lower extremities, there was tenderness over the Achilles tendon and dorsum of foot on the right. The ankle ROMs (range of motions) were normal bilaterally. DTRs at patellar and Achilles areas were normal and sensory exam was also normal. An MRI dated 7/16/2014 revealed spondylotic changes and posterior annular tear at L5-S1 with bilateral exiting nerve root compromise. Treatment to date has included medications, chiropractic therapy, physiotherapy and acupuncture. The utilization review from September 23, 2014 denied the request for EMG left lower extremity and EMG right lower extremity because there are no supporting radiographic studies and EMG is not indicated in the evaluation of the listed diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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) Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient complained of low back pain with a positive sitting root test, negative straight leg raise test and normal DTRs and sensation of the lower extremities. At this point, the patient seems to have a subtle presentation of focal neurologic dysfunction. However, a more comprehensive history and physical examination of this patient taking into account presence of paresthesias, pain radiation and motor strength may give a clearer picture whether the patient indeed has focal neurologic dysfunction. Furthermore, a recent MRI also already revealed bilateral nerve compromise. At this point, it is unclear how an EMG can contribute further to the management of the patient. Therefore, the request for EMG left lower extremity is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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) Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient complained of low back pain with a positive sitting root test, negative straight leg raise test and normal DTRs and sensation of the lower extremities. At this point, the patient seems to have a subtle presentation of focal neurologic dysfunction. However, a more comprehensive history and physical examination of this patient taking into account presence of paresthesias, pain radiation and motor strength may give a clearer picture whether the patient indeed has focal neurologic dysfunction. Furthermore, a recent MRI also already revealed bilateral nerve compromise. At this point, it is unclear how an EMG can contribute further to the management of the patient. Therefore, the request for EMG right lower extremity is not medically necessary.

