

Case Number:	CM14-0021570		
Date Assigned:	05/07/2014	Date of Injury:	12/11/2013
Decision Date:	07/09/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Pain Management, 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 54-year-old with an injury date of December 11, 2013. Based on the January 11, 2014 progress report provided by [REDACTED], the patient complains of pain and tingling down the front of her knees and into her feet on both sides, left worse than the right side. She has medial joint line tenderness on her left knee as well as tenderness, pain, and spasm on her lumbar back. She has greater ankle weakness on her left than right and a positive straight leg test on her left leg. The patient's diagnoses include left knee joint pain, lumbar spine sprain, and lumbar radiculopathy. [REDACTED] is requesting for an EMG of the bilateral lower extremities. The utilization review determination being challenged is dated February 18, 2014. The rationale is that the outcome of prior conservative intervention, including medication management and physical therapeutic exercises, is not elaborated in the record review. [REDACTED] is the requesting provider, and he provided five treatment reports from December 17, 2013 to February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

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): 303.

Decision rationale: According to the January 14, 2013 report by [REDACTED], the patient presents with pain and tingling down the front of her knees and into her feet on both sides, left worse than the right side. The request is for an EMG of the bilateral lower extremities. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has had persistent pain in the low back since the first progress report provided on December 17, 2013, lasting more than three to four weeks. The request for an EMG of the bilateral lower extremities is medically necessary and appropriate.