

Case Number:	CM14-0022264		
Date Assigned:	05/09/2014	Date of Injury:	04/29/2013
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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:

This patient is a 38-year-old male with date of injury of 04/29/2013. Per treating physician's report 12/26/2013, the patient has chief complaint of low back pain, currently not working, somewhat better since last office visit with 20% improvement in symptoms. Pain is diffuse in the lumbar spine, made worse by standing and walking, better by medications, described as constant pain. The patient has lower extremity pain in the buttock and equal in both legs. MRI of the lumbar spine was interpreted as herniated nucleus pulposus at L3-L4 broad-based, L4-L5, lateral recess stenosis bilaterally at L3-L4 and L4-L5 along with central spinal canal narrowing. Listed diagnoses are: Idiopathic low back pain, herniated nucleus pulposus, degenerative disk disease, lateral recess spinal stenosis, left SI joint syndrome. Treatment plan was tobacco cessation, activity modification; discontinue Celebrex, transforaminal Epidural Steroid Injection (ESI). The report of the lumbar spine MRI from 07/26/2013 impression reads multilevel degenerative disk disease with disk bulges with relatively narrow spinal canal without evidence of herniation or central canal stenosis at L3-L4, L4-L5. The requests for EMG studies of the lower extremities were denied on 02/07/2014 by utilization reviewer stating that the records do not clearly document a neurological differential diagnosis for an Electromyography (EMG) in addition to the prior MRI of L-spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 12/27/2013), EMGs(Electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with low back and radiating symptoms down the lower extremity. The request for EMG studies at the lower extremities. This request was denied by utilization reviewer with a rationale that there was lack of clear documentation of neurologic differential diagnosis for Electromyography (EMG) in addition to the prior MRI of the lumbar spine. However, review of the ACOEM Guidelines page 303 clearly states that Electromyography (EMG) along with H-reflex studies can be performed for patients presenting with persistent low back pain to determine subtle focal neurologic deficits. ACOEM Guidelines does not talk about any neurological differential diagnosis as a requirement for Electromyography (EMG). It simply requires low back pain. Therefore, the request for Electromyography (EMG) of left lower extremity is medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) OF RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 12/27/2013), EMGs(Electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with low back and radiating symptoms down the lower extremity. The request for Electromyography (EMG) studies at the lower extremities. This request was denied by utilization reviewer with a rationale that there was lack of clear documentation of neurologic differential diagnosis for Electromyography (EMG) in addition to the prior MRI of the lumbar spine. However, review of the ACOEM Guidelines page 303 clearly states that Electromyography (EMG) along with H-Reflex studies can be performed for patients presenting with persistent low back pain to determine subtle focal neurologic deficits. ACOEM Guidelines do not talk about any neurological differential diagnosis as a requirement for Electromyography (EMG). Simply requires low back pain. Therefore, the request for Electromyography (EMG) of right lower extremity is medically necessary and appropriate.