

Case Number:	CM14-0022525		
Date Assigned:	06/11/2014	Date of Injury:	07/01/1980
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 71-year-old female with a reported date of injury on 07/01/1980. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with lumbar pain that radiated into the bilateral lower extremities. The injured worker rated her pain at 2-3/10 with medications. Upon physical examination, the injured worker's lumbar spine range of motion revealed flexion to 45 degrees, extension to 10 degrees, lateral flexion to 15 degrees bilaterally and bilateral rotation to 10 degrees. In addition, the injured worker presented with a positive right straight leg raise. In the documentation, the physician indicated the injured worker failed conservative care, to include physical therapy. The EMG and conduction study of the lower extremities, performed on 08/23/2013, revealed minimal abnormality. The injured worker's diagnoses included cervical spondylosis, lumbar spondylosis, cervical radiculopathy, herniated cervical disc, right shoulder tendonitis, anxiety/depression, lumbar radiculopathy and headache. The injured worker's medication regimen included Percocet, Ambien, Neurontin and medical marijuana. The request for authorization for EMB bilateral lower extremities was submitted on 02/24/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: According to the California MTUS/ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG) may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The clinical information provided for review lacks documentation of objective clinical findings of neurologic and functional deficits. In addition, the injured worker underwent an EMG and nerve conduction study on 08/20/2013, the results of which, revealed minimal abnormalities. A rationale for the request is not provided within the documentation available for review. There is a lack of documentation related to increased neurologic and functional deficits or a change in the clinical findings to warrant a second EMG. Therefore, the request for an EMG of the bilateral lower extremities is non-certified.