

Case Number:	CM14-0029921		
Date Assigned:	06/20/2014	Date of Injury:	02/20/2013
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 36 year old male with a reported injury on 02/20/2013 that resulted in low back pain radiating down the left lower extremity. The mechanism of injury was not provided. The injured worker had "failed" conservative management, which included rest, nonsteroidal anti-inflammatory medication, and physical therapy. The injured worker had a MRI exam that revealed an extruded disc. The date and actual MRI results were not provided. The injured worker had a laminotomy and microdiscectomy, L4-S1, left, medial facetectomy and foraminotomy, L5-S1, left, and a Lumbar epidural injection on 11/25/2013. The injured worker had a follow-up visit on 06/17/2014 with complaints of right side of back cramping while sitting or lying for prolonged periods of time. He continued to have pressure to low back, although the pain was not as constant. The injured worker has completed twelve sessions of post op physical therapy. It was recommended for him to have six more additional therapy sessions. There was no documentation or evidence as to why there was a need for EMG of multiple body parts. The request for authorization form and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Multiple body parts (including body systems and body parts): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs.

Decision rationale: The request for EMG multiple body parts (including body systems and body part) are not medically necessary. The injured worker had lower back surgery on 11/25/2013. The American College of Occupational and Environmental Medicine guidelines recommend EMG for focal neurologic dysfunction in patients with low back symptoms lasting for more than three or four weeks. The Official Disability Guidelines recommend EMGs for the use to obtain evidence of radiculopathy. There is no correlation found between intraoperative EMG findings and immediate postoperative pain. There was lack of evidence of radiculopathy provided. The request was not clear as to which body part requested for the EMG. There was no evidence supporting the need for an EMG. Therefore, the request for EMG is not medically necessary.