

Case Number:	CM14-0036411		
Date Assigned:	06/25/2014	Date of Injury:	04/09/2013
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 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:

The patient is a 59 year old male with an injury date on 04/09/2014. The listed diagnoses per [REDACTED] dated 02/14/2014 are: probable L4-L5 and L5-S 1 disc bulge, status post probable L4-L5 or L5-S 1 discectomy and probable bilateral L4-L5 and L5-S 1 facet arthropathy and associated lumbar facet syndrome. According to this report, the patient complains of low back pain that radiates into his buttocks. He describes it at a level of 5/10 without his medications and down to a 3/10 with his medications. The thoracic spine and lumbar spine was tender to palpation on the right paraspinals. The patient's current medications are Anaprox and Methoderm topical cream. The MRI of the right ankle on 02/21/2014 reveals trace tibiotalar joint effusion, significant attenuation of the anterior talofibular ligament without edema, suggested of prior partial-thickness tear. The MRI also shows loss of normal striated appearance of the deep fibers of the deltoid ligament suggestive of a sprain which is probably chronic given lack of significant adjacent soft tissue edema. An MRI of the right foot on 02/21/2014 reveals the proximal diaphysis of the 4th metatarsal with mild patchy bone marrow edema. There were no other significant findings noted on this report. The utilization review denied the request on 02/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/01/2013 to 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MUSCLE TEST 2 LIMBS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines. Treatment Index, Low Back-Electrodiagnostic Studies.

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

Decision rationale: According to the 02/14/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting muscle test of the 2 limbs. The treater does not explain what this muscle test is to entail. Utilization review letter modified the request to authorize EMG of the bilateral lower extremities. The ACOEM guidelines page 303 states, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. An EMG study of the limbs is reasonable but without knowing what the muscle test entails, the request cannot be considered. The request is not medically necessary.