

Case Number:	CM14-0037936		
Date Assigned:	04/02/2014	Date of Injury:	06/20/2013
Decision Date:	06/30/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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 January 2014 evaluation completed by a chiropractic provider indicated a medical necessity that a following test is indicated however this test is not delineated. In November 2013 progress note indicated a diagnosis of a lumbosacral strain. A previous progress note indicated the mechanism of injury and ongoing complaints of low back pain. The physician assessment completed on November 2013 noted the individual to be no acute distress, normal appearance, 5'9", 193 pounds, and no crepitation deficits or tenderness and low back. Muscle strength is noted to be 5/5. MRI lumbar spine completed in June, 2013 noted no evidence of disc herniation and a slight protrusion at L3/4, L4/5 and L5/S1. Each disc bulge was approximately same indicating ordinary disease of life the gender changes a comprehensive back functional data assessment was completed. The physician's progress report on December, 2013 noted a decrease in range of motion but no lower extremity neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MUSCLE TEST ONE LIMB: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ACOEM recommends "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." (ODG) Official Disability Guidelines further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Progress note dated 1/8/2014 state that the patient has "pain in the lumbar spine with radiation down to the right lower extremity". Medical records indicate clinically obvious radiculopathy, which is a contraindication for EMG, per ACOEM guidelines. As such, the request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) is not medically necessary.