

Case Number:	CM14-0043817		
Date Assigned:	07/02/2014	Date of Injury:	09/23/2011
Decision Date:	08/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 48-year-old female who reported an injury after lifting a heavy dog. She felt a sharp pain in her neck and back that radiated to her shoulder and legs on 09/23/2011. The clinical note dated 02/19/2014 indicated diagnoses of disc herniation without myelopathy, lumbar degenerative joint disease/degenerative disc disease, lumbar myospasm, lumbar neuritis/radiculitis, status post lumbar microdiscectomy at L5-S1. The injured worker reported low back pain. Physical examination of the lumbar spine, there was tenderness to palpation, guarding and spasm over the paravertebral region bilaterally. There were trigger points noticeable in the lumbar paraspinal muscles bilaterally. The injured worker's muscle testing revealed 4/5 strength with flexion, extension, and bilateral lateral bend. Range of motion was restricted due to pain and spasms. The injured worker's range of motion of the lumbar spine revealed flexion of 50, extension of 15 and right and left lateral bending was 15. The injured worker had decreased sensation to light touch at the feet. The injured worker had an unofficial MRI of the lumbar spine without contrast performed dated 08/14/2013 revealed significant progression of the previously disc protrusion at L5-S1 level extending 1.4 cm posteriorly and extending 3 mm inferiorly consisting with the large disc extrusion and moderate left subarticular narrowing and mild left neural foraminal narrowing. The remainder of the MRI was stable with mild degenerative changes and a trace annular fissure seen at the L4-5 level. The clinical note dated 01/02/2014, physical examination revealed a mildly antalgic gait. The injured worker had tenderness to palpation throughout the entire lower lumbar spine left and right side with paraspinal spasms. The injured worker's straight leg raise was positive at 70 degrees on the left lower extremity. The deep tendon reflexes were 1+ at both knees and 1+ at both ankles. The injured worker reported persistent neck pain and worsening low back pain that radiated to the left more than the right leg. The injured worker's prior treatments included diagnostic imaging and

medication management. The provider submitted a request for electromyography bilateral lower extremity. A Request for Authorization dated 03/06/2014 was submitted for electromyography of the bilateral lower extremities; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (Electromyography).

Decision rationale: CA MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities. If no improvement after 1 month, consider needle Electromyography (EMG) and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state EMGs 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. The documentation submitted did not indicate the injured worker had conservative measures. In addition, per clinical evidence, radiculopathy is clinically obvious. Therefore, the request for electromyography of the bilateral lower extremities is not medically necessary.