MAXIMUS Federal Services

Case Number:	CM14-0044161		
Date Assigned:	07/02/2014	Date of Injury:	06/05/2013
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 Pain Medicine and is licensed to practice in California and Washington. 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 72-year-old male who reported an injury on 06/05/2013. The mechanism of injury was noted to be lifting tires onto a rack. His diagnoses were noted to be lumbosacral sprain/strain, radiculopathy, disc injury and displacement. His prior treatments were noted to be physical therapy, acupuncture, and epidural steroid injections. The injured worker had diagnostic exams of ultrasound for kidneys, x-rays for chest and left shoulder. In addition, the injured worker had a colonoscopy and an MRI of the lumbar spine. The injured worker had a clinical evaluation on 12/27/2013. This is the most recent clinical evaluation submitted with the request. He had complaints of mild residual lower back and right leg pain. He rated his pain a 4/10 in intensity in the low back and a 2/10 in the right leg. He reported symptom relief with changing positions and avoiding aggravating activities. He stated that he follows a home exercise program. He had a lumbar epidural steroid injection and stated beneficial pain relief for the leg and low back symptoms. The injured worker used Tylenol as needed for pain. The objective findings included a normal gait, lumbar active range of motion was 100% in all quadrants without pain. Upon palpation there was mild tenderness over the left lower back. There was no muscle spasm or guarding noted. The neurological exam showed symmetric deep tendon reflexes at the knees bilaterally. The sensory exam showed intact sensation over L2-S1 dermatomes bilaterally, except for right S1 dermatome in which there was diminished light touch sensation. The seated and supine straight leg raise was negative bilaterally. The treatment plan is for anti-inflammatory medications, muscle relaxants, and membrane stabilizers as needed. In addition, physical therapy is to be done as needed for flare ups. Surgery/injections should be left open in case of recalcitrant symptoms. The provider's rationale for the request was not provided within the examination or

the treatment plan. A request for authorization for medical treatment was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral lower extremities and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, Low Back.

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

Decision rationale: The request for electromyography (EMG) of bilateral lower extremities and lumbar spine is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. According to the documentation submitted for review, the injured worker does not have enough significant neurological symptoms to warrant the need to identify focal neurologic dysfunction. The injured worker notes efficacy with the current treatment plan. In addition, there is no documentation of peripheral neuropathy in the bilateral lower extremities to specifically indicate necessity for an EMG. Therefore, without additional documentation to support an EMG, the request for electromyography of bilateral lower extremities and lumbar spine is not medically necessary.