

Case Number:	CM14-0044359		
Date Assigned:	07/02/2014	Date of Injury:	09/07/1998
Decision Date:	08/14/2014	UR Denial Date:	03/27/2014
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 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 69 year old male with an injury date on 09/07/1998. According to this report, the patient complains of muscle spasm, stiffness, and tightness across the low back that radiates down the legs with numbness and tingling. Lumbar flexion is limited to 30 degrees and extension less than 10 degrees. The patient rates the pain at a 8-10/10. [REDACTED] is requesting EMG for the left lower extremity. There were no other significant findings noted on this report. The utilization review denied the request on 03/27/2014. [REDACTED] is the requesting provider, and provided treatment reports from 012/10/2013 to 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain section; EDS.

MAXIMUS guideline: Decision based on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the 03/07/2014 report this patient presents with muscle spasm, stiffness, and tightness across the low back that radiates down the legs with numbness and tingling. The treating physician is requesting repeat EMG for the left lower extremity to evaluate for progression of disease. The date of the previous EMG was not provided. Regarding

electrodiagnostic studies, the ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. On the 02/06/2014 report, the patient describes that pain as shooting pain around both legs, constant numbness along the left leg and spasm. Review of the reports show that the patient has had an EMG in the past but the treating physician does not describe it's results. There is no explanation as to why this study needs to be repeated. There are no significant clinical changes, and no new injury to warrant a new set of EMG. The request is not medically necessary.