

Case Number:	CM14-0044628		
Date Assigned:	07/02/2014	Date of Injury:	08/07/2000
Decision Date:	11/21/2014	UR Denial Date:	03/13/2014
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 Family Medicine, and is licensed to practice in North Carolina. 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 claimant had a date of injury of 8/7/2000. Diagnoses include thoracic and lumbosacral neuritis, degeneration and displacement of lumbar disc and lumbar spinal stenosis with claudication. Current complaint is of low back pain radiating to both legs. He is treated with oral medication and a home exercise program. Surgical intervention has been offered in the past but until recently this was declined. He recently participated in a functional restoration program but was unable to reduce medication use. The directing physician of the FRP recommended urgent MRI and surgical consultation for radicular symptoms. MRI results have been reviewed by the neurosurgeon and EMG both lower extremities has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral EMG of Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few

weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do describe symptoms consistent with the MRI findings and the neurosurgeon has indicated that surgery is a consideration. EMG findings will be expected to provide guidance in planning surgery. EMG bilateral lower extremities are medically necessary.