MAXIMUS Federal Services

Case Number:	CM14-0054740		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2011
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehab 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:

This is a female patient with a date of injury of October 6, 2011. A utilization review determination dated March 31, 2014 recommend non-certification of an EMG of the lower extremities. A progress note dated January 27, 2014 identifies subjective complaints of persistent back, pelvic, and bilateral hip pain. There is no physical examination available for review. Diagnoses included myalgia and myositis, traumatic arthropathy in the pelvic region and thigh, and pelvic region and thigh joint pain. The treatment plan recommends authorization for an EMG and nerve conduction study, and an MRI of the hips and pelvis. An agreed medical evaluation dated February 21, 2014 references an electrodiagnostic evaluation done on November 5, 2011 which revealed an absent left saphenous response, significantly prolonged left tibial H reflex, and a normal EMG of both lower extremities. The treatment plan recommends authorization of the previously requested MRI of the hip and pelvis, and there is also a recommendation for an evaluation by a general surgeon regarding a possible left inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for an EMG of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. Furthermore, the patient had an EMG of the lower extremities on November 5, 2011, which revealed normal findings and there is no current documentation of any significant changes in the patient's condition. In the absence of such documentation, the currently requested EMG of the lower extremities is not medically necessary.