

Case Number:	CM14-0061482		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2009
Decision Date:	12/11/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old male with a 3/31/09 date of injury. At the time (3/28/14) of request for authorization for Electromyography (EMG) of the bilateral lower extremities, there is documentation of subjective (constant severe low back pain that radiates to the lower extremities) and objective (tenderness to palpitation over the lumbar spine, decreased range of motion, positive straight leg raise, and decreased sensation at L5-S1 dermatome) findings. The current diagnosis is lumbago. The treatment to date includes physical therapy and medications. Medical report identifies an associated request for MRI of lumbar spine. There is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: 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 (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, EMGs (electromyography)

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, Official Disability Guidelines identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of a diagnosis of lumbago. In addition, given documentation of subjective (constant severe low back pain that radiates to the lower extremities) and objective (decreased sensation at L5-S1 dermatome) findings, there is documentation of neurological dysfunction. Furthermore, given documentation of treatment to date (physical therapy and medications), there is documentation of conservative therapy. However, given documentation of an associated request for a MRI of lumbar spine at the time of the requested EMG, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) of the bilateral lower extremities is not medically necessary.