

Case Number:	CM14-0065288		
Date Assigned:	07/11/2014	Date of Injury:	11/26/2012
Decision Date:	08/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work-related injury on November 26, 2012. Subsequently, he developed back pain. According to a note dated on March 4, 2014, the patient complained of radiating low back pain. His physical examination demonstrated lumbar pain with restricted range of motions, with positive straight leg raise on the left. His lumbar MRI performed on February 3, 2014 showed L1-2 and L2-3 endplate deformities; L2-3 facet arthropathy; L3-4 epidural lipomatosis, central canal stenosis; L4-5 disc desiccation, loss of intervertebral disc height, disc protrusion, impingement of the left L5 nerve root in the left lateral recess, facet arthropathy, epidural lipomatosis, central canal stenosis, lateral recess stenosis, and neural foraminal stenosis. The patient was diagnosed with lumbar discopathy. The patient previous treatments include ESIs, acupuncture, and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Lumbar & Thoracic (Acute & Chronic)-EMGs.

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

Decision rationale: According to MTUS guidelines page 303 from ACOEM guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion MTUS page 304 from ACOEM guidelines. According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four week. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiological insult and anatomical defect in case of neck pain. EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the patient have MRI findings and clinical examination (straight leg raise) highly suggestive of lumbar radiculopathy. There is no objective justification for an EMG and the additional information that could be provided by the EMG in this case is not clear. Given the imaging and exam findings that are suggestive of the presence of ongoing radiculopathy, the request for EMG of lumbar spine is not medically necessary.