MAXIMUS Federal Services

Case Number:	CM14-0075144		
Date Assigned:	07/16/2014	Date of Injury:	01/04/2014
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 24-year-old male with a date of injury of 01/04/2014. The listed diagnoses: 1. Lumbar facet arthropathy. 2. Lumbar myofascial pain. According to progress report 03/25/2014, the patient presents with low back and right wrist/hand pain. Examination revealed tender lumbar facet at L4 to L5 bilaterally, positive lumbar facet loading maneuvers and tender paraspinal muscles. Examination of the lower extremities revealed bilateral hip, knee, and ankle with full range of motion, sensorimotor deep tendon reflexes and straight leg raise were within normal limits. Report, 02/28/2014, indicates the patient has low back pain described as sharp and dull and moderately severe in pain. He reports having symptoms now for 55 days. Examination revealed the patient ambulates with a normal gait, full weight-bearing on both lower extremities with no weakness of the lower extremities. The medical file provided for review does not discuss the request for an Electromyography (EMG) of the lower extremity or x- ray of pelvis. There is no request for authorization found in the medical file. Utilization review denied the request on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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).

Decision rationale: The medical file provided for review does not discuss this report or provide a rationale for the request. ACOEM guidelines page 303 states, "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." ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, the ACOEM only requires back pain to have an EMG performed and the patient continues to experience back pain. The request is medically necessary.

X-rays pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis Chapter: X-ray section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with low back pain. This request is for an x-ray of the pelvis. Utilization review denied the request stating there is no rationale for this request. The ACOEM and MTUS guidelines do not discuss x-rays for the pelvis/hip. ODG guidelines have the following under its hip/pelvis chapter, x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In progress reports, does not discuss why an x-ray of the pelvis is being requested. In this case, there is no severe injury or indication the patient is a high risk for hip osteoarthritis to warrant an x-ray of the hip. The request is not medically necessary.