

Case Number:	CM14-0079636		
Date Assigned:	07/18/2014	Date of Injury:	05/07/2010
Decision Date:	09/24/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine, 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 44 year-old female with a date of injury of 05/07/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/19/2014, lists subjective complaints as low back pain and neck pain. She reports radiation of pain and numbness down both legs to feet, left side greater than right. Patient had a lumbar epidural on 04/23/2014 which gave her approximately 80% relief for two months. Objective findings: Examination of the cervical spine revealed decreased sensation of the right C5, C6, C7, and C8 dermatomes and decreased right L4 and left L5 dermatomes. Her gait was antalgic. Motor: Right deltoid 4+/5, bilateral biceps, triceps, wrist extensors, wrist flexors are 5-/5. Right psoas, quads, hamstrings are 4+/5 on right; right TA, EHL, inversion and plantar flexors were 4/5. Positive straight leg raise on the right at 45 degrees with radiation of pain down to the mid-calf. Diagnosis: 1. HNP at L4-5 and L5-S1 2. Facet arthropathy of lumbar spine 3. Retrolisthesis at L4-5 and L5-S1 4. Neuroforaminal narrowing at L4-5, mild to moderate right an L5-S1 moderate to severe neuroforaminal narrowing 5. Cervical kyphosis with degenerative disc disease with multiple spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right lower extremity: Overturned

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 rationale: The ACOEM Guidelines state that 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. MRI of the lumbar spine shows multiple areas of pathology which may be responsible for the patient's radicular symptoms. It is not at all obvious which nerve root is responsible for her radiculopathy. As such, the request is medically necessary.