

Case Number:	CM14-0085996		
Date Assigned:	08/06/2014	Date of Injury:	05/24/2011
Decision Date:	12/31/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 claimant is a 48-year old male injured worker who sustained multiple injuries from his industrial exposure on 5/24/11 when his ride-on mower slid down a hill. This resulted in lower back pain. He was treated with physical therapy and chiropractic care. An EMG/NCS in 2011 did not demonstrate lumbar radiculopathy or peripheral neuropathy. An MRI demonstrated right sided neuroforaminal narrowing related to a disc bulge. Then, in 1/14, he experienced a flare-up of his injury. This flare up has responded well to treatment with NSAIDs, gabapentin, and a steroid taper. His 2014 visit notes have demonstrated reduced sensation to pin prick in the left L4/L5/S1 dermatomes, diminished deep tendon reflexes, and preserved lower extremity strength, and reduced lumbar ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral EMG of the lower extremities/lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, Page 303 recommends "Electromyography may be useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Citation noted above endorses repeat EMG/NCS when there has been a change in symptoms evocative of an anatomical or physiological change affecting neurological function. While the flare-up in symptoms has been documented, the treating physician has not documented what symptoms have changed since prior to the initial EMG/NCS. Records prior to 2014 are not available for my review. Therefore, Repeat bilateral EMG of the lower extremities/lumbar is not medically necessary.

Repeat NCV bilateral lower extremities/lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, Page 303 recommends Electromyography may be useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Citation noted above endorses repeat EMG/NCS when there has been a change in symptoms evocative of an anatomical or physiological change affecting neurological function. While the flare-up in symptoms has been documented, the treating physician has not documented what symptoms have changed since prior to the initial EMG/NCS. Records prior to 2014 are not available for my review. Therefore, Repeat NCV bilateral lower extremities/lumbar is not medically necessary.