MAXIMUS Federal Services

Case Number:	CM14-0098876		
Date Assigned:	07/28/2014	Date of Injury:	04/06/2006
Decision Date:	09/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopedic Surgeon 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 injured worker is a 35-year-old male who reported an injury on 04/06/2006. The injury reportedly occurred when he was stepping awkwardly into a hole. Diagnoses include lumbar disc displacement without myelopathy, status post lumbar fusion on 08/16/2010, unspecified major depression, chronic pain syndrome, chronic pain NEC, long-term use med NEC, therapeutic drug monitoring. Past treatments have included medication, urine drug screens, diagnostic studies, functional restoration program, and psychological treatment. Surgical history included lumbar fusion on 08/16/2010. Diagnostic studies include MRI of the lumbar spine on 06/12/2008 and EMG/NCS of the bilateral lower extremities which revealed a normal electrodiagnostic study and an MRI of the lumbar spine in 2006. On 05/09/2014, the injured worker was seen for low back pain. He continued to have significant low back pain that radiated into the lower extremities. He reported pain in his knees as well as multiple joints throughout his body. He stated that since his first injury, he gained about 100 pounds and that has put more pressure on his knees. He also reported significant spasms in the back radiating around the abdomen. He continued using Norco for pain relief, taking 3 tablets per day. He stated that he does have gastrointestinal upset with the use of oral medications and Omeprazole helps with the side effects. Current medications included Capsaicin 0.075% cream applied to affected area 3 times a day, Ketamine 5% cream 60 g applied to affected area 3 times a day, gabapentin tablets 60 mg 1 tablet 3 times a day, glucosamine chondroitin caplet 500 to 400 mg take 1 twice daily, venlafaxine HCl ER 37.5 mg 1 tablet 2 times a day and titrate up to 2 tablets 2 times a day as tolerated, Viagra 100 mg 1 tablet 30 minutes prior to sexual activity, hydrocodone/APAP 10/325 mg, 1 tablet every 8 hours, Omeprazole DR 20 mg 1 tablet per day for GI prophylaxis, and Orphenadrine/Norflex ER 100 mg 1 tablet every 8 hours. The treatment plan was for the injured worker to continue with psychological treatment, continue with the medications, and followup in

5 weeks. The request is for an electromyography of both lower extremities. The rationale is not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of both lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for electromyography of both lower extremities is not medically necessary. The injured worker had a history of low back pain that radiated to the lower extremities. The CA MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. Per clinical evidence radiculopathy is clinically obvious. The injured worker had significant spasms in the back radiating around the abdomen. There is lack of documentation for an assessment to determine the need for EMG at this time. As such, the request is not medically necessary.