

Case Number:	CM13-0031828		
Date Assigned:	12/11/2013	Date of Injury:	10/28/2011
Decision Date:	03/05/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old male with a date of injury of October 28, 2011. Results of the injury include the lower back. Diagnosis include lumbosacral radiculopathy and lumbar sprain/strain. Treatment has included pain medication, medical imaging, and physical therapy. Per the Utilization review a Magnetic Resonance Imaging (MRI) scan of the lumbar spine dated December 9, 2011 revealed mild bilateral recess stenosis seen at L4-5 secondary to a 3.0 mm broad based disc protrusion and annular tear/fissure of the disc. Progress report dated August 5, 2013 revealed spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion with flexion and extension. Work status was documented as modified. The treatment plan included electrodiagnostic studies. Utilization review form dated September 23, 2013 non certified EMG of the left lower extremity and EMG of the right lower extremity due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back; EMG/NCV

Decision rationale: ACOEM recommends "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 further states that EMG is "Recommended as an option (needle, not surface). 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." The treating physician refers to clinically obvious radiculopathy of both lower extremities by noting that the employee has constant to intermittent severe pain, stiffness, soreness, and weakness of the low back that radiates to the lower extremities with slight occasional numbness in the lower extremities. There is weakness of the legs at times. As such, the request for EMG OF THE LOWER LEFT EXTREMITY is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low back: NCV/EMG

Decision rationale: ACOEM recommends "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 further states that EMG is "Recommended as an option (needle, not surface). 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." The treating physician refers to clinically obvious radiculopathy of both lower extremities by noting that the employee has constant to intermittent severe pain, stiffness, soreness, and weakness of the low back that radiates to the lower extremities with slight occasional numbness in the lower extremities. There is weakness of the legs at times. As such, the request for EMG OF THE LOWER RIGHT EXTREMITY is not medically necessary.