

Case Number:	CM14-0146573		
Date Assigned:	09/12/2014	Date of Injury:	10/04/2007
Decision Date:	04/14/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male who sustained an industrial injury on October 4, 2012. He has reported back pain and has been diagnosed with lumbago, chronic pain syndrome, and degenerative disc disease lumbar spine. Treatment has included pain medication. Currently the injured worker had bilateral tenderness of the L3-S1 paraspinal muscles with decreased range of motion of the lumbar spine. The treatment plan included medications. On August 14, 2014 Utilization Review non certified EMG right lower extremity and EMG of left lower extremity citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 07/03/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: EMGs (electromyography).

Decision rationale: The patient presents with pain affecting the lower back which radiates into bilateral leg. The current request is for Electromyography (EMG) right lower extremity. The treating physician states, Symptoms were constant and severe with radiation down both legs. Bilateral tenderness and spasms of the L3-S1 paraspinal muscles. EMG lower extremities denied by UR. (5, 6) The ODG guidelines state, 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. In this case, the treating physician has documented that the patient has radiating pain into the bilateral extremities and there is no obvious clinical radiculopathy noted. An EMG would help rule out radiculopathy. The current request is medically necessary and the recommendation is for authorization.

Electromyography (EMG) left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 07/03/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: EMGs (electromyography).

Decision rationale: The patient presents with pain affecting the lower back which radiates into bilateral leg. The current request is for Electromyography (EMG) left lower extremity. The treating physician states, Symptoms were constant and severe with radiation down both legs. Bilateral tenderness and spasms of the L3-S1 paraspinal muscles. EMG lower extremities, denied by UR. (5, 6) The ODG guidelines state, 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. In this case, the treating physician has documented that the patient has radiating pain into the bilateral extremities and there is no obvious clinical radiculopathy noted.. An EMG would help rule out radiculopathy. The current request is medically necessary and the recommendation is for authorization.