MAXIMUS Federal Services

Case Number:	CM14-0161411		
Date Assigned:	10/06/2014	Date of Injury:	02/23/2011
Decision Date:	01/06/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation 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:

This is a 55-year-old female with a 2/23/11 date of injury, when she slipped and fell and injured her lower back. The patient was seen on 9/18/14 with complaints of ongoing pain in the low back and right lower extremity with numbing, tingling and radiation up to the right knee. Exam findings revealed tenderness to palpation of the lumbar paraspinals, painful range of motion of the lumbosacral spine and positive SLR test on the right. The musculoskeletal strength and the DTRs were equal in the bilateral lower extremities. The patient was approved for a lumbar epidural steroid injection on 9/5/14. The diagnosis is lumbosacral sprain/strain, lumbosacral radiculopathy, lumbosacral disc injury and myofascial pain syndrome. An EMG of the lower extremities (the report was not available for the review) dated 10/05/11 was consistent with a left-sided S1 radiculopathy. Treatment to date: physical therapy, work restrictions and medications. An adverse determination was received on 9/5/14 given, that the patient had an EMG in the past and there was no rationale indicating why repeated EMG was necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Low Back Chapter EMG/NCV)

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. However, the reviewer's notes indicated that the patient underwent an EMG of the bilateral lower extremities on 10/05/11 and the results were consistent with a left-sided S1 radiculopathy. In addition, there is a lack of documentation indicating that the patient sustained an additional trauma to the lower back or lower extremities. Additionally, there is no rationale indicating the necessity for an additional EMG of the bilateral lower extremities and it is not clear, how another EMG would alter the patient's diagnosis or course of treatment. Lastly, it was noted the patient was certified for a lumbar epidural steroid injection on 9/5/14. Therefore, the request for EMG Bilateral Lower Extremities is not medically necessary.