

Case Number:	CM14-0190261		
Date Assigned:	11/21/2014	Date of Injury:	06/18/2011
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 06/18/2011. The listed diagnoses are: 1. Status post arthroscopy of the right shoulder on 04/04/2013 with acromioplasty. 2. Calcific tendinitis of the right shoulder. According to progress report 09/25/2014, the patient presents with left shoulder, low back, right leg, and right knee pain. Treating physician states that recently, the patient has had MRIs done on both shoulders, both wrists, and lumbosacral spine, all of which is essentially normal except for the lumbosacral spine "where there is marginal osteophytes in the L2-L3 area." The patient complains of low back pain with some radiation down to the right leg. She complains of some numbness in the right leg as well. Examination of the shoulder revealed decreased range of motion and positive O'Brien's testing. Left shoulder revealed mild Neer's and Hawkins' impingement sign. Examination of the low back revealed "low back pain, mild straight leg testing, positivity on the right leg." Treatment plan includes MRI arthrogram of the shoulder and EMG for the bilateral upper and lower extremities. The current request is for EMG of the right lower extremity. Utilization review denied the request on 11/05/2014. Treatment reports from 07/03/2014 through 11/06/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Right Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, has the following regarding EMG studies

Decision rationale: This patient presents with bilateral shoulder and low back pain. Patient complains of some radiation down to the right leg with numbness as well. The current request is for EMG of the right lower extremity. Examination of the MRI of the lumbar spine dated 08/29/2014, revealed diffuse disk protrusion effacing the thecal sac, measuring 2.7 mm at the L2-L3 and L3L4 levels. Grade 1 rethrolisthesis of L2 over L3 is noted. For EMG of the lower extremity, the ACOEM guidelines, page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) 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." In this case, it appears that there has been no prior EMG testing, and given the patient's continued complaints of pain, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The request for EMG is medically necessary.