

Case Number:	CM14-0195373		
Date Assigned:	12/03/2014	Date of Injury:	07/24/2013
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Medicine and is licensed to practice in Ohio. 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 56-year-old female with a date of injury of July 24, 2013. She complained of back pain after moving a window frame and later developed complaints of pain to the left inguinal region, both knees, ankles, shoulders, ankles, and arms. She was discovered to have a left inguinal hernia and ultimately had surgery with placement of a mesh. Her left groin pain continued as did her low back pain. The low back pain was said to be non-radicular. She was found to have slight tenderness to palpation of the left lower abdominal quadrant and left inguinal region. There is mention of diminished range of motion of the cervical, thoracic, and lumbar spines. A straight leg raise test is negative at times and positive at other times. The Kemp's test was positive bilaterally. The records reviewed were largely handwritten and exceedingly difficult to interpret. There appears to have been no lower extremity neurologic exam performed although that cannot be said with certainty given the difficulty deciphering the treatment notes. At issue is request for a bilateral lower extremity electromyogram/SSEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/SSEP BLE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, EMG

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

Decision rationale: 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. No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. In this instance, the only decipherable aspect of the treating physician's notes that point to a potential radiculopathy of the lower extremities is the presence of a positive straight leg raise test in the context of low back pain. A radiculopathy, therefore, of the lower extremities is not clinically obvious and consequently EMG/SSEP BLE is medically necessary to help exclude radiculopathy.