

Case Number:	CM14-0197584		
Date Assigned:	12/05/2014	Date of Injury:	08/29/2011
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 and Rehabilitation, 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 33 year old female with an injury date of 08/29/11. Based on the 08/20/14 progress report, the patient complains of thoracic spine pain which she rates as a 6/10 and upper extremity pain which she rates as a 7/10. The patient also has problems sleeping. Spasm and tenderness is noted in the paraspinous region. Straight leg raise is positive and lumbar range of motion is decreased. The 09/08/14 report states that the patient has mid back and low back pain radiating into her left leg. There is a decreased thoracic lumbosacral range of motion. The 09/22/14 report indicates that the patient rates her pain as a 6-10/10. In regards to the thoracolumbar spine, she has myofascial tightness with multiple tender and trigger points. The 10/06/14 report states that the patient rates her pain as a 3/10 and has anxiety/ depression. The patient's diagnoses include the following: 1. Thoracic sprain/strain injury. 2. Lumbar sprain/strain injury. 3. Myofascial pain syndrome. The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 05/07/14- 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The patient presents with mid back and low back pain. The request is for an EMG bilateral lower extremity. Review of the reports does not indicate if the patient had a prior EMG of the lower extremities. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." The patient has mid back and low back pain radiating into her left leg. She has spasm and tenderness in the paraspinous region, a positive straight leg raise, and a decreased lumbar range of motion. In regards to the thoracolumbar spine, she has myofascial tightness with multiple tender and trigger points. In this case, the patient has been complaining of mid and low back pain as early as 05/07/14. The requested EMG of the bilateral lower extremity is medically necessary.