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| Case Number: | CM15-0105910 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 07/11/2014 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 65 year old male with an industrial injury dated 07/11/2014. The injured worker's diagnoses include posttraumatic cephalgia, status post scalp laceration, cervical sprain/strain, lumbar sprain/strain and degenerative disc disease of the cervical and lumbar spine. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/14/2015, the injured worker reported left eye pain, ringing of the left ear, neck pain radiating to left shoulder and constant low back pain with bilateral leg numbness. Objective findings revealed tenderness and limited range of motion of the right shoulder and lumbar spine. Tenderness of the cervical spine was also noted on exam. The treating physician prescribed services for outpatient bilateral Electromyography (EMG) of lower extremities for further evaluation of numbness at legs now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral EMG of lower extremities: Upheld

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): 309.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. In this case, the claimant had an MRI of the cervical spine in February 2015 showing degenerative changes. There were no physical findings suggestive of disk involvement in the thoracic spine that would necessitate an EMG of the legs. The request for an EMG of the lower extremities is not medically necessary.