

Case Number:	CM15-0019283		
Date Assigned:	02/09/2015	Date of Injury:	09/27/2013
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old female who sustained an industrial related injury on 9/27/13 after a motor vehicle accident. The injured worker had complaints of low back pain, thigh pain, and calf pain. Diagnoses included cervical strain/sprain, lumbosacral sprain/strain, and headache face/head pain. Treatment included physical therapy and chiropractic treatments which did not provide relief. Physical examination findings included altered sensation in the L5 and S1 dermatomes, full range of motion in the lumbar spine, and a positive left straight leg raise. The treating physician requested authorization for electromyography of the left lower extremity. On 1/19/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of documentation related to new or progressing neurological deficits. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography of the left 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 Low Back chapter on EMG and NCV.

Decision rationale: This patient presents with constant low back pain radiating to the entire left lower extremity, neck pain and headaches. The treater is requesting 1 ELECTROMYOGRAPHY OF THE LEFT LOWER EXTREMITY. The RFA dated 10/29/2014 shows a request for EMG of the left leg. The patient's date of injury is from 09/27/2013, and her current work status is modified duty. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The medical records do not show any previous electromyography of the left lower extremity. The 10/29/2014 report shows lumbar active range of motion was slightly restricted in flexion and extension by pain. Kemp's test was positive. Straight left raise was positive on the left at 70 degrees. The treater references an MRI of the lumbar spine, date unknown, that showed L5-S1 degenerative disk with herniations centrally, slightly to the left. There was contact with the descending S1 nerve root as well as some foraminal narrowing on the left. In this case, given the patient's radiating symptoms to the left lower extremity, an EMG of the left lower extremity is appropriate. The request IS medically necessary.