

Case Number:	CM15-0185541		
Date Assigned:	09/25/2015	Date of Injury:	12/02/2010
Decision Date:	11/02/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 49 year old male, who sustained an industrial injury on 12-2-10. He is diagnosed with central sensitization syndrome. His work status was not addressed. A report dated 7-30-15 reveals the injured worker presented with complaints of constant full body pain described as burning, dull, achy and electrical pain that is rated at 7 out of 10. The pain is increased with standing and improved with medication. Physical examinations dated 6-24-15 and 7-30-15 revealed; "CN II-XII are intact", reflexes as follows; bilateral knees 1+ and ankles 2+, bilateral upper and lower extremities are intact to pinprick. He has an altered gait and manual muscle testing of the lower extremities is decreased. There is tenderness noted along the entire length of the thoracic and lumbar spine and the straight leg raise is negative bilaterally. Treatment to date has included the medications Nortriptyline and Celebrex. Physical therapy did not provide relief per note dated 6-29-15. Diagnostic studies to date have included x-rays and MRI. The electrodiagnostic studies (2011) revealed abnormalities in the upper and lower bilateral extremities per note dated 6-29-15. A request for authorization dated 8-6-15 for EMG of the bilateral lower extremities is denied, per Utilization Review letter dated 8-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnositc Criteria.

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with low back and leg pain lasting more than 3-4 weeks. In this case, there are no new findings that differ from findings on the prior 4 years and there is a lack of peripheral nerve dysfunction. The request for EMG of the lower extremities is not medically appropriate or necessary.