

Case Number:	CM15-0198534		
Date Assigned:	10/13/2015	Date of Injury:	06/25/2015
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of June 25, 2015. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for EMG testing of the bilateral lower extremities. The claims administrator stated the decision was based on ACOEM Guidelines, but did not incorporate the same into its rationale. The claims administrator referenced an August 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of low back pain, left side. The applicant was using a cane to move about. The applicant has a visible limp. The attending provider referenced a lumbar MRI imaging demonstrating foraminal disk protrusion with associated L5 traversing nerve root impingement and associated moderate central spinal stenosis with thecal sac compression. Norco, Flexeril, and Motrin were endorsed. On August 27, 2015, pain management consultation, electrodiagnostic testing of the lower extremities and x-rays of the lumbar spine proposed were endorsed through preprinted checkboxes without much supporting rationale or commentary. 18 additional sessions of physical therapy were sought. It was not clearly stated why electrodiagnostic testing was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of BLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for EMG testing of the bilateral lower extremities is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry diagnosis of clinically obvious radiculopathy. Here, an August 6, 2015 office visit stated the applicant had issues with lumbar radiculopathy, radiographically confirmed. The applicant reportedly had had lumbar MRI imaging demonstrating formally disc protrusion with associated L5 nerve root impingement, central spinal stenosis and thecal sac compression, the treating provider reported on that date. It appeared, thus, that the applicant already carried a diagnosis of clinically obvious, radiographically confirmed radiculopathy, seemingly obviating the need for the EMG testing in question. The handwritten August 27, 2015 office visit comprised largely of preprinted checkboxes and did not furnish a clear or compelling rationale for pursuit of the EMG testing in the clinical context present here. Therefore, the request is not medically necessary.