

Case Number:	CM15-0208329		
Date Assigned:	10/27/2015	Date of Injury:	03/16/2001
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male, who sustained an industrial injury on 3-16-2001. The medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy and lumbar laminectomy syndrome. According to the progress report dated 9-25-2015, the injured worker presented with complaints of low back pain with radiation into the left leg, associated with numbness. The pain is described as constant, dull, aching, and burning. On a subjective pain scale, he rates his pain 3-5 out of 10. The physical examination of the lumbar spine did not reveal any significant findings. The current medications are Celebrex, Gabapentin, and Tramadol. Previous diagnostic studies include x-rays and MRI of the lumbar spine (9-8-2015). Treatments to date include medication management and surgical intervention. Work status is not indicated. The original utilization review (9-29-2015) had non-certified a request for EMG study of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for chronic radiating low back pain. He has a history of an L4/5 fusion. In April 2015 he had pain rated at 4/10. He was having numbness and tingling in his back, legs, arms, and feet. Physical examination findings included decreased and painful lumbar spine range of motion. Facet loading and straight leg raising were positive. There was a normal neurological examination. When seen in September 2015 pain was rated at 3/10. A spinal cord stimulator was being considered. There was again a normal neurological examination. An MRI was reviewed showing scar tissue at L4/5 and stenosis at L3/4 and a lumbar laminectomy was under consideration. Authorization was requested for lower extremity electrodiagnostic testing. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. Criteria include that the testing be medically indicated. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. A lower extremity EMG is not medically necessary.