

Case Number:	CM15-0021871		
Date Assigned:	02/11/2015	Date of Injury:	06/26/2014
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii
 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 male patient, who sustained an industrial injury on 06/26/2014. A primary treating office visit dated, 12/30/2014 reported subjective complaint of low back pain which radiated to lower extremities. Objective findings showed low back with decreased range of motion. He was diagnosed with lumbar spine sprain/strain; sciatica and lumbar myelopathy. He is to remain off from work. A request was made asking for an electronerve conduction study of bilateral lower extremities. On 01/21/2015, Utilization Review, non-certified the request, noting the ACOEM Guidelines, Low Back Complaints were cited. On 02/05/2015, the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back chapter: EMGs

Decision rationale: The patient presents with pain affecting the lower back. The current request is for EMG of the left lower extremity. The treating physician states, "The patient complains of lower back pain radiating down the right lower extremity." (15B) The patient was noted to have painful range of motion tests, tenderness to palpation, positive straight leg tests and muscle spasm over the piriformis muscle. The request for the EMG report was not submitted for review. The ODG guidelines state, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy." In this case, the treating physician has documented that the patient has been attending physical therapy and has been utilizing medications but the symptoms have remained consistent. The current request is medically necessary and the recommendation is for authorization.

EMG of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back chapter: EMGs

Decision rationale: The patient presents with pain affecting the lower back. The current request is for EMG of the right lower extremity. The treating physician states, "The patient complains of lower back pain radiating down the right lower extremity." The patient was noted to have painful range of motion tests, tenderness to palpation, positive straight leg tests, and muscle spasm over the piriformis muscle. (15B) The request for the EMG report was not submitted for review. The ODG guidelines state, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy." In this case, the treating physician has documented that the patient has been attending physical therapy and has been utilizing medications but the symptoms have remained consistent. The current request is medically necessary and the recommendation is for authorization.