

Case Number:	CM15-0029241		
Date Assigned:	02/23/2015	Date of Injury:	04/14/2014
Decision Date:	04/06/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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:

This is a female injured worker who sustained an industrial injury on April 14, 2014. She has reported a back injury with right lower extremity radicular complaints. The diagnoses have included status post fall, chronic low back pain, chronic right groin pain, right lumbosacral radiculopathy and L4-5 small far lateral right disc protrusion that encroaches upon exiting right L4 nerve. Treatment to date has included successful epidural steroid injection, physical therapy, activity restriction, diagnostic studies and medications. On January 22, 2015, the injured worker complained of pain in the lower back, mainly on the right side. The pain was described as stabbing and constant. She also complained of numbness in the right posterior thigh down the posterolateral and posterior calf and the lateral plantar surface of the foot. There are also stabbing sensations in the right groin. Her pain level ranges between a 6 and a 10 on a 1-10 pain scale. She uses a cane for gait. She could perform very light activity for at least two minutes. The injured worker was noted to have much difficulty climbing stairs, she could sit for less than 15 minutes at a time and could stand or walk between 30 and 60 minutes at a time. She had no ability to kneel, bend or squat. On January 19, 2015, Utilization Review non-certified right lower extremity electrodiagnostics studies, noting the ACOEM Guidelines. On February 17, 2015, the injured worker submitted an application for Independent Medical Review for review of right lower extremity electrodiagnostics studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Test: Right lower extremity Electrodiagnostics studies (EMG): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is documentation of radicular symptoms with possible nerve dysfunction in the lower extremity. I am reversing the previous utilization review decision. Right lower extremity Electrodiagnostics studies (EMG) is medically necessary.