

Case Number:	CM15-0055376		
Date Assigned:	03/30/2015	Date of Injury:	05/29/2001
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 58 year old male, who sustained an industrial injury on 5/29/01. He reported low back pain. The injured worker was diagnosed as having chronic postoperative pain, lumbosacral neuritis, post laminectomy syndrome, peripheral neuropathy and insomnia. Treatment to date has included posterior fusion L5-S1, re-do fusion L5-S1 and lumbar fusion L4-5 epidural steroid injection, acupuncture, chiropractic discogram, facet joint injection, heat treatment, massage therapy, physical therapy and trigger point injection. Currently, the injured worker complains of increased low back pain since previous visit, he feels the epidural injection he received in the past helped his pain for 2 months. He also states pain relief from Norco. Upon physical exam, tenderness is noted to palpation over the right lumbar facets, left lumbar facets, right thoracolumbar spasm, right sacroiliac joint, left sacroiliac joint, decreased sensation and moderate to severe spasm of thoracolumbar paravertebral spasm. The treatment plan included continuation of medications, ice/heat, Norco, (EMG) Electromyogram of bilateral lower extremities and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Guidelines recommend an EMG in order to identify neurologic dysfunction in patients with low back symptoms lasting over 3-4 weeks. EMG may be useful to diagnose radiculopathy after at least one month of conservative care. In this case, previous electrodiagnostic, imaging and physical exam findings clearly indicate continued previously diagnosed lower extremity radiculopathy and additional EMG testing is not necessary. The request for EMG is not medically appropriate and necessary.