

Case Number:	CM15-0084507		
Date Assigned:	05/06/2015	Date of Injury:	10/22/2013
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/02/2015

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: Family Practice

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 33 year old male, who sustained an industrial injury on October 22, 2013. The mechanism of injury was a fall in which he hyperextended his back and experienced sudden pain. The injured worker has been treated for low back complaints. The diagnoses have included lumbar sprain/strain, lumbar spondylosis without myelopathy, abdominal wall sprain/strain, neuralgia/neuritis and radiculitis unspecified, lumbar spine multilevel degenerative disc disease, lumbar neural foraminal stenosis, insomnia, anxiety and depression. Treatment to date has included medications, radiological studies, physical therapy, chiropractic treatments, injections, pain management and a home exercise program. Current documentation dated April 2, 2015 notes that the injured worker reported low back pain with occasional radiation to the bilateral calves. Examination of the lumbar spine revealed a slightly diminished lordosis. No significant muscle spasms or paraspinal tenderness was noted. A straight leg raise test was negative. Muscle tone and sensation in the lower extremities was normal. Lumbar flexion was possible with both hands reaching the mid-shin area. The treating physician's plan of care included a request for a lumbar electromyography study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-1; Table 12-3; Table 12-8 and Algorithm 12-3.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with occupational low back complaints. These guidelines provide recommendations on a number of different aspects in the evaluation of such patients. Table 12-1 provides a summary of the recommendations for evaluation of serious low back complaints. The key issue is whether the patient is having any red flags; which could indicate the presence of a serious underlying condition. In this case, the records do not provide any evidence of a red flag symptom. Table 12-3 provides a summary of the physical examination correlates of lumbosacral nerve root dysfunction. In this case, the exam findings documented in the medical records do not indicate the presence of lumbosacral nerve root dysfunction. Table 12-8 provides a summary of the recommendations for evaluating and managing patients with low back complaints. There is weak evidence in support of EMG studies when used to clarify nerve root dysfunction. Algorithm 12-3 provides a summary of the evaluation of slow to recover patients with occupational low back complaints. This algorithm does not support the need for EMG studies without evidence of radiculopathy. In this case, there is no evidence provided to indicate that the patient has any of the red flag symptoms suggesting the need for further evaluation for a serious underlying condition. The physical examination findings documented in April 2015 do not indicate the presence of nerve root dysfunction. Based on the above cited guidelines, there are no indications in support of the need for EMG studies. For these reasons, EMG studies of the lumbar spine are not considered as medically necessary.