

Case Number:	CM15-0086724		
Date Assigned:	05/11/2015	Date of Injury:	01/24/2013
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 33-year-old male, with a reported date of injury of 01/24/2013. The diagnoses include lumbar herniated nucleus pulposus and L4-5 degenerative segment with a reported right L-5 foraminal disc bulge. Treatments to date have included oral medications, physical therapy, an MRI of the low back on 03/16/2013, and electro diagnostic studies on 11/20/2013. The progress report dated 04/22/2015 indicates that the injured worker's symptoms remained mostly unchanged. The injured worker had right low back pain with generalized right lower extremity radiation that was currently dominant dorsal foot. The objective findings showed numbness of the right dorsal foot, weakness of the calf and foot extensor, right low back pain aggravated by range of motion. It was noted that the injured worker was doing some stretching but discontinued the training exercise program. The treating physician requested an electromyography (EMG) of the right lower extremity and myofascial release times six for the low back. On 04/28/2015, Utilization Review (UR) denied the request and noted that massage should be in addition to exercise or physical therapy, and there was no indication of how the EMG would change the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 309.

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

Decision rationale: Guidelines state that EMG is not recommended for diagnosis of nerve root involvement if findings of history physical exam and imaging studies are consistent. In this case, the patient presents with low back pain radiating to the right lower extremity with numbness and weakness. A specific treatment plan or reason for the requested EMG is not documented. A previous MRI failed to show HNP and a previous EMG had been done. The request for EMG right lower extremity is not medically appropriate and necessary.

Myofascial release x 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 60.

Decision rationale: Guidelines state that massage therapy is recommended as an option and adjunct to other exercises and should be limited to 4-6 visits. In this case, the patient has discontinued her exercise program. The request for myofascial release x 6 for the low back is not medically appropriate and necessary.