

Case Number:	CM14-0111864		
Date Assigned:	08/01/2014	Date of Injury:	04/14/2013
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 47-year-old male was reportedly injured on 4/4/2013. The mechanism of injury was noted as a low back injury after working/bending while taking a roof down, working 15 hours straight. The most recent progress note, dated 3/13/2014, indicated that there were ongoing complaints of low back pain with radiation to the lower extremities. Physical examination demonstrated tenderness and spasms of the L3-L5 paraspinal muscles, decreased lumbar spine range of motion with extension 5, flexion 45, lateral bending 15, and rotation 10. Motor strength was 5+ and equal in the lower extremities with decreased sensory in the left lateral leg, L5 distribution. DTR decreased in left knee and ankle. MRI of the lumbar spine, dated 6/6/2013, demonstrated a left paramedian disk protrusion at L4-L5, which was increased slightly in extension. Diagnosis: Lumbar radiculopathy, low back pain. Previous treatment included home exercise program, TENS unit and medications. A request had been made for an EMG of the left and right lower extremity, which was not certified in the utilization review on 6/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, EMGs (Electromyography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations (electronically cited).

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant suffers from low back pain that radiates to the lower extremities after a work-related injury in April 2013. MRI shows a left paramedian disk protrusion at L4-L5 and claimant has been diagnosed with lumbar radiculopathy. This request is not supported by the guidelines and therefore is not considered medically necessary.

EMG of Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, EMGs (Electromyography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations (electronically cited).

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant suffers from low back pain that radiates to the lower extremities after a work-related injury in April 2013. MRI shows a left paramedian disk protrusion at L4-L5, and claimant has been diagnosed with lumbar radiculopathy. This request is not supported by the guidelines and therefore is not considered medically necessary.