

Case Number:	CM14-0118537		
Date Assigned:	09/16/2014	Date of Injury:	04/04/2012
Decision Date:	10/21/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 and 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 46-year-old female was reportedly injured on April 4, 2012. The most recent progress note, dated May 31, 2014, indicated that there were ongoing complaints of left leg pain and numbness. Current medications include a Medrol dose pack, oxycodone, Neurontin, and Soma. No focused physical examination was performed on this date. Diagnostic imaging studies of the lumbar spine revealed a solid bony fusion at L5-S1 in good position of hardware. There was also a bony hyperostosis at the left side of the fusion graft. Previous treatment included lumbar spine surgery to include a fusion at L5-S1. A request had been made for EMG of the lumbar spine and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the Lumbar Spine: Upheld

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

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

Decision rationale: The 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 injured employee has complaints of left leg numbness; however, there are no documented abnormal neuropathic findings on physical examination. Considering this, this request for an EMG of the lumbar spine is not medically necessary.