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| Case Number: | CM14-0128985 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 12/31/2012 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 48 year old female with a 12/31/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/21/14 noted subjective complaints of low back pain. Objective findings included lumbar paraspinal muscle spasm, decreased sensation L5 and S1 dermatome on the right. There was positive SLR on the right at 60 degrees. There was decreased motor strength of extensor hallucis longus 4/5. It was noted that prior MRI lumbar spine showed obvious compression of the right L5 nerve root on the right. Diagnostic Impression: lumbar disc disease with radiculopathy Treatment to Date: medication management A UR decision dated 7/18/14 denied the request for EMG bilateral lower extremity. The claimant complains of lower back pain with radicular symptoms of decreased sensation of the L5-S1 dermatome, positive straight leg raise on the right. The patient has been diagnosed with radiculopathy. Therefore, the medical file does not document that the request for EMG of bilateral lower extremities is medically necessary at this time.

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 DISABILITIES GUIDELINES (LOW BACK)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents available for review, there are no left sided lower extremity symptoms documented. There are no physical exam abnormalities on the left lower extremity. It is unclear how a left sided EMG would be of benefit. Therefore, the request for EMG of left lower extremity was not 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 Disabilities Guidelines (Low Back Complaints)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, there is clear objective evidence of right sided lumbar radiculopathy both by physical examination as well as prior lumbar MRI. It is unclear how EMG of the right lower extremity will provide any additional information. Therefore, the request for EMG of right lower extremity was not medically necessary.