

Case Number:	CM14-0149965		
Date Assigned:	09/18/2014	Date of Injury:	07/17/2012
Decision Date:	11/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

The patient is a 58 year old male with an injury date of 07/17/12. Based on the 08/06/14 progress report provided by [REDACTED], the patient complains of chronic low back pain rated 7/10 that radiates to right S1 distribution of the right leg. Patient presents with an antalgic gait. There is weakness, numbness and spasm noted at the right lower extremity. Physical examination revealed positive straight leg raise test on the right and decreased sensation to light touch along L3 L4 L5 dermatomal distribution. Patient's physical exam reflects radiculopathy and EMG of the right lower extremity are necessary. Diagnosis 07/17/12. 03/03/14- spinal stenosis, lumbar region- sciatica- sprains and strains of unspecified site of hip and thigh- osteoarthritis of hip, unspecified whether generalized or localized, pelvic region and thigh- low back pain- chronic pain syndrome- depressive disorder Patient's physical exam reflects radiculopathy and EMG of the right lower extremity are necessary. [REDACTED] is requesting EMG right lower extremity. The utilization review determination being challenged is dated 08/28/14. The rationale was not given. [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/14 - 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with chronic low back pain rated 7/10 that radiates to right S1 distribution of the right leg. The request is for EMG right lower extremity. His diagnosis dated 07/17/12 and 03/03/14 includes spinal stenosis, lumbar region, sciatica and chronic pain syndrome. Per progress report dated 08/06/14, treater states that patient's physical exam reflects radiculopathy and EMG of the right lower extremity are necessary. There is no evidence based on review of the reports that the patient has had a prior EMG. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In this case, the patient has been complaining of having lower back pain since 03/03/14. Recommendation is for authorization.