

Case Number:	CM14-0080419		
Date Assigned:	07/25/2014	Date of Injury:	07/21/2009
Decision Date:	10/16/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Texas. 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 injured worker is a 36-year-old female with a reported date of injury on 07/21/2009. The injury reportedly occurred when a fire extinguisher fell on her right foot. Her diagnoses were noted to include reflex sympathetic dystrophy/complex regional pain syndrome to the right lower limb, chronic pain and disability with delayed functional recovery, lumbar spine disc bulging, lumbar facet arthropathy, lumbar radiculopathy, trochanteric bursitis bilaterally, and sacroiliac dysfunction. Her previous treatments were noted to include medication, home exercise program, aqua therapy, psychotherapy, and Functional Restoration Program. The progress note dated 03/28/2014 revealed complaints of low back and right wrist pain that had increased since her last visit. The injured worker indicated her pain increased to 9 frequently and that her low back pain, left elbow pain, right elbow pain, and right wrist pain level had increased by 50%. The physical exam was not submitted within the medical records. The Request for Authorization form was not submitted within the medical records. The request was for electromyography to the left/right lower extremity for probable peripheral focal neuropathy versus radiculopathy versus peripheral generalized neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography: 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 2014

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

Decision rationale: The request for electromyography to the left lower extremity is not medically necessary. The injured worker complained of low back, right elbow, right wrist, and left elbow pain. The CA MTUS/ACOEM guidelines state electromyography, including H reflex test, may be useful to identify subtle focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. The physical examination was not submitted within the medical records. There is a lack of documentation regarding significant neurological deficits, such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

Electromyography: 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

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

Decision rationale: The request for electromyography to the right lower extremity is not medically necessary. The injured worker complained of low back, right elbow, right wrist, and left elbow pain. The CA MTUS/ACOEM guidelines state electromyography, including H reflex test, may be useful to identify subtle focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. The physical examination was not submitted within the medical records. There is a lack of documentation regarding significant neurological deficits, such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.