

Case Number:	CM14-0097445		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2010
Decision Date:	10/21/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 and Washington. 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 49-year-old with a reported date of injury on May 10, 2010. The injury reportedly occurred when the injured worker was performing a welding exercise program. His diagnoses were noted to include L5 radiculopathy due to L4-5 disc herniation. The history of his treatments were noted to include physical therapy and medications. The MRI performed August 6, 2013 revealed a focal left and a far left posterolateral herniated disc at L4-5, which was present and impinging on the exiting nerve roots within the neural foramina. The progress note dated 05/05/2014 revealed complaints of chronic low back pain. The injured worker had experienced left lower extremity radicular symptoms that did not improve with the prednisone. On physical examination there were paraspinal spasms with limited range of motion in forward bending. There was a positive Lasgue test on the left side, and sensation was diminished in the L5 distribution. The dural stretch testing was positive and the motor score was rated 5/5 and was symmetric. There were functional motor deficits such as diminished heel raises on the left compared to the right. Sensation was diminished in the S1 distribution on the left. The provider indicated the injured worker likely had L5-S1 disc herniation and left S1 radiculopathy. The provider indicated an electromyography performed October 23, 2012 was suggestive, but not confirmatory. A Request for Authorization Form dated May 14, 2014 was for an electromyography to benefit as well as a selective epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - http://www.odg-twc.com/odgtwc/low_back.html regarding EMG

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

Decision rationale: The request for electromyography is not medically necessary. The injured worker had a previous electromyography in October of 2012 and the lumbar MRI in August of 2013. The California MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The guidelines state electromyography can be used to identify and define low back pathology such as disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The injured worker had an MRI performed August of 2013, which confirmed disc protrusion on the exiting L5 nerve root. Therefore, due to the previous MRI confirming radiculopathy, a repeat electromyography is not appropriate at this time. Therefore, the request for an EMG is not medically necessary or appropriate.