

Case Number:	CM14-0213959		
Date Assigned:	12/31/2014	Date of Injury:	08/01/2013
Decision Date:	02/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 60 year-old female who was injured on 8/1/13 when she was working as a strapper operator and had to straighten loads by herself with her back against the wall and pushing with her feet and legs. She complained of pain of cervical spine, lumbar spine, right shoulder, and bilateral lower extremities. An x-ray of lumbar spine showed mild degenerative changes with anterior osteophytic spurring at L2-3, L3-4, loss of intervertebral disc height at L3-4, L4-5, and L5-6. A cervical x-ray showed mild degenerative changes with anterior osteophytic spurring at C2-3, C3-4. She was diagnosed with low back pain, bilateral knee and ankle sprain, right knee and ankle degenerative joint disease, and iliotibial band syndrome. Her medication included Tramadol, omeprazole. A home exercise program was recommended. The current request is for electromyography of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) electromyography of the bilateral lower extremities: 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
Page(s): 303-304, 309.

Decision rationale: The request for an EMG of the lower extremities is not medically necessary. EMG is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that she had lower back pain, there was no documented neurologic deficit on physical exam. The patient had no documented deficits in sensation and strength of bilateral lower extremities and no corroboration with radiographic findings. Therefore, the request is considered not medically necessary.