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| Case Number: | CM15-0109169 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 05/15/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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 York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 30 year old male, who sustained an industrial injury on 5/15/14. He reported left foot pain. The injured worker was diagnosed as having a closed fracture of the great toe, injury of the great toe, and sprain of interphalangeal joint of the toe. Treatment to date has included a Cortisone injection, physical therapy, and medication including Tramadol and Gabapentin. Currently, the injured worker complains of lower back pain that radiates to the lower extremity. The treating physician requested authorization for an electromyography of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of the right lower extremity: Upheld

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, 310.

Decision rationale: EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case the patient suffered an injury to LLE. The patient has no sensory or motor deficits to the right lower extremity. EMG of the right lower extremity is not indicated. Medical necessity has not been established. The request should not be authorized. Therefore, the requested treatment is not medically necessary.