MAXIMUS Federal Services

Case Number:	CM15-0125051		
Date Assigned:	07/09/2015	Date of Injury:	10/01/2011
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: California
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 was a 45 year old male, who sustained an industrial injury, October 1, 2011. The injury was sustained when the injured worker was carrying a 80 pound piece of wood on the shoulders and heard a popping-like sensation in the lower back and developed low back pain with eventually radiation of the pain into the right lower extremity. The injured worker previously received the following treatments Tramadol and acupuncture did not help. The injured worker was diagnosed with chronic low back pain, neck sprain/strain, thoracic region strain/sprain, sciatica and psychogenic pain. According to progress note of April 15, 2015, the injured worker's chief complaint was persistent pain that radiates from the back into the right lower extremity and into the right groin with associated numbness and tingling. The injured worker reported the mediations reduce the inured worker's pain by 50%. The physical exam noted normal muscle tone to the upper and lower extremities. The treatment plan included EMG (electrodiagnostic studies) of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral lower extremities: Upheld

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

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

Decision rationale: According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is no evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the lumbar spine or a peripheral neuropathy in the lower extremities. The request for Electromyogram (EMG) of the bilateral lower extremities is not medically necessary and appropriate.