

Case Number:	CM15-0024625		
Date Assigned:	02/17/2015	Date of Injury:	11/02/2006
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male, who sustained an industrial injury on 11/2/2006. He has reported multiple traumas from a motor vehicle accident that included cervical, thoracic, lumbar spine, bilateral shoulders, knees, forearms, hips, left elbow, hand and a head concussion. Treatment to date has included medication therapy including Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and analgesic. Currently, the IW complains of neck and low back pain with muscle spasms. On 2/3/15, physical examination documented cervical and lumbar spine remained unchanged from previous examinations. The diagnoses included back pain, cervical and lumbar spine radiculopathy. The plan of care included continuation of medication therapy, and requests for and Magnetic Resonance Imaging (MRI) and electromyogram of bilateral lower extremities. On 1/16/2015 Utilization Review non-certified an electromyogram of left lower extremity and electromyogram of the right lower extremity, noting the documentation did not support neurologic dysfunction. The MTUS Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of electromyogram of left lower extremity and electromyogram 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:

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding the request for EMG, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no current physical examination findings suggestive of focal neurologic dysfunction. In the absence of such documentation, the currently requested EMG is not medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding the request for EMG, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no current physical examination findings suggestive of focal neurologic dysfunction. In the absence of such documentation, the currently requested EMG is not medically necessary.