

Case Number:	CM15-0094331		
Date Assigned:	05/20/2015	Date of Injury:	07/18/1999
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 62 year old male, who sustained an industrial/work injury on 7/18/99. He reported initial complaints of back and knee pain. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included medication, surgery (left knee arthroplasty on 6/9/14, gastric bypass on 5/7/13), and physical therapy. MRI results were reported on 2/26/10 reported L1-2 and L2-3 a 4.3 mm disc protrusion that abutted the thecal sac, at L3-4 a 5.7 mm disc protrusion that abutted the thecal sac, at L4-5 a 4.3 mm disc protrusion that abutted the thecal sac, at L5-S1, a grade 3 lytic spondylolisthesis of L5 combined with a mild disc bulge and marked facet hypertrophy that was mild, mild spinal canal narrowing and marked neural foraminal narrowing, compression on L5 exiting nerve roots. Currently, the injured worker complains of flare ups of back pain with numbness/tingling into the left lower extremity to the foot that was rated 7/10. There was also bilateral knee pain rated 4/10. Per the primary physician's progress report (PR-2) on 3/18/15, examination noted left foot drop, tenderness over the medial joint line about the right knee with 100 degrees flexion and 0 degrees extension, patellofemoral crepitus was evident. There was tenderness over the lumbosacral spine over the bilateral lumbar paraspinous musculature, flexion at 40 degrees, extension at 5 degrees and lateral bending at 10 degrees. Current plan of care included an MRI, electrodiagnostic studies, and medication. The requested treatments include 1 Electromyography (EMG) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG).

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

Decision rationale: The requested 1 Electromyography (EMG) of the bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "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" The injured worker complains of flare ups of back pain with numbness/tingling into the left lower extremity to the foot that was rated 7/10. There was also bilateral knee pain rated 4/10. Per the primary physician's progress report (PR-2) on 3/18/15, examination noted left foot drop, tenderness over the medial joint line about the right knee with 100 degrees flexion and 0 degrees extension, patellofemoral crepitus was evident. There was tenderness over the lumbosacral spine over the bilateral lumbar paraspinal musculature, flexion at 40 degrees, extension at 5 degrees and lateral bending at 10 degrees. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, 1 Electromyography (EMG) of the bilateral lower extremities is not medically necessary.