

Case Number:	CM14-0141032		
Date Assigned:	09/10/2014	Date of Injury:	10/08/2013
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old female with a reported date of injury on 10/08/2013. The mechanism of injury occurred due to a fall. The diagnoses included right shoulder sprain, lumbar contusion, and lumbar disc injury. The past treatments included pain medication and acupuncture with some benefit. There were no diagnostic imaging studies submitted for review. There was no surgical history documented in the records. The subjective complaints on 07/28/2014 consisted of low back pain and right lower extremity pain that had been worsening and was rated 6/10. The physical examination to the lumbar spine noted a positive straight leg raise on the right and negative on the left, motor strength slightly decreased to the right, and decreased sensation in the right lower extremity L4-L5 distribution. The medications included Vicodin. The plan was to perform an EMG to the bilateral lower extremities. A request was received for Electromyography (EMG) of the Right Lower Extremity and for Electromyography (EMG) of the Left Lower Extremity. The rationale for the request was to rule out the possibility of neuropathy. The request for authorization form was dated 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs (Electromyography), Updated 07/03/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

Decision rationale: The request for Electromyography (EMG) of the Right Lower Extremity is not medically necessary. The California MTUS/ACOEM guidelines state 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. The Official Disability Guidelines further state, electromyography may be useful to obtain evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The patient has chronic low back pain. The notes indicated a positive straight leg raise on the right, decreased strength on the right, and decreased sensation on the right lower extremity when compared to the left. Additionally, there was no evidence of documentation regarding how long the injured worker has had the symptoms or the failure of conservative care, as the injured worker reported some benefit with acupuncture treatment. The guidelines state EMGs is not necessary if radiculopathy is already clinically obvious. Based on this information, the request is not supported. As such, the request is not medically necessary.

Electromyography (EMG) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs (Electromyography), Updated 07/03/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

Decision rationale: The request for Electromyography (EMG) of the Left Lower Extremity is not medically necessary. The California MTUS/ACOEM guidelines state 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. The Official Disability Guidelines further state, electromyography may be useful to obtain evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The patient has chronic low back pain. The notes indicated a positive straight leg raise on the right, decreased strength on the right, and decreased sensation on the right lower extremity when compared to the left. Additionally, there was no evidence of documentation regarding how long the injured worker has had the symptoms or the failure of conservative care, as the injured worker reported some benefit with acupuncture treatment. There is no indication of any significant neurologic deficits in the left lower extremity. Based on this information, the request is not supported. As such, the request is not medically necessary.