MAXIMUS Federal Services

Case Number:	CM13-0044785		
Date Assigned:	12/27/2013	Date of Injury:	10/23/2010
Decision Date:	03/05/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 46 year old male who reported an injury on 10/23/2010 due to a fall that reportedly caused injury to his back, bilateral knees, and bilateral wrists. The patient underwent an MRI in 10/2013 that revealed degenerative changes to the lumbar spine, disc protrusion at L2-3, multilevel mild to moderate neural foraminal changes, and a disc bulge at the L4-5 level. The patient's most recent clinical evaluation documented the patient had chronic pain rated at 6/10 to 7/10. The patient had tenderness to palpation along the cervical and lumbar musculature with range of motion that elicited muscle spasms. The patient does have subjective complaints of low back pain that radiated into the right lower extremity which was supported by a positive right sciatic nerve stretch test. The patient's diagnoses included multilevel lumbar spine herniation protrusions, multilevel cervical spine disc herniations, bilateral upper extremities paresthesias, and bilateral knee medial meniscus tears. The patient's treatment plan included electrodiagnostic studies for the right lower extremity and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 303-305.

Decision rationale: The requested EMG for the right lower extremity is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who are suspected of having radicular pain that is not clearly identified upon clinical examination. ACOEM recommends this procedure be ordered prior to an imaging study. As the patient has already undergone an imaging study to identify pathology of any neurological dysfunction. Therefore, the need for this electrodiagnostic study is not clearly established in the documentation. Additionally, the submitted documentation indicates that the patient's medical treatment thus far has been focused on the wrist. There is no documentation the patient has received any conservative treatment directed towards alleviation of symptoms of the spine. As such, the requested EMG of the right lower extremity is not medically necessary or appropriate.

NCV 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Study.

Decision rationale: The requested NCV for the right lower extremity is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who are suspected of having radicular pain that is not clearly identified upon clinical examination. ACOEM recommends this procedure be ordered prior to an imaging study. As the patient has already undergone an imaging study to identify pathology of any neurological dysfunction. Therefore, the need for this electrodiagnostic study is not clearly established in the documentation. Additionally, the submitted documentation indicates that the patient's medical treatment thus far has been focused on the wrist. There is no documentation the patient has received any conservative treatment directed towards alleviation of symptoms of the spine. Official Disability Guidelines do not recommend the use of nerve conduction studies for lower extremities unless there is documentation of failure to respond to conservative treatment. As there is no indication the patient has had conservative treatment directed towards the patient's spine, this electrodiagnostic study would not be indicated. As such, the requested NCV of the right lower extremity is not medically necessary or appropriate.