

Case Number:	CM14-0001113		
Date Assigned:	01/22/2014	Date of Injury:	11/30/2012
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 59-year-old female who has submitted a claim for Knee Sprain/Strain and Derangement of Meniscus, associated with an industrial injury date of November 30, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain, 8/10, and left knee pain, 6/10, associated with left lower extremity cramping. On physical examination, there was tenderness of the left knee and lumbar paraspinal muscles. Lumbar MRI, dated December 19, 2013, revealed L5-S1 central protrusion measuring 2 mm with patent foramina and no central canal stenosis noted at all levels. EMG/NCS of the bilateral lower extremities, dated January 15, 2014, revealed left-sided lumbar radiculopathy involving both L4 and L5 nerve roots. Treatment to date has included medications, physical therapy, home exercise program, TENS unit, and left knee arthroscopic debridement. Utilization review from December 12, 2013 denied the request for EMG/NCS of the bilateral lower extremities because of absence of a detailed history of the complaint and a detailed orthopedic and neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) RIGHT 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 page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) including H-reflex tests, are indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the medical records failed to document objective evidence of neurologic deficits. Therefore, the request for EMG RIGHT LOWER EXTREMITIES is not medically necessary.

ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITIES: 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: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) including H-reflex tests, are indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the medical records failed to document objective evidence of neurologic deficits. Therefore, the request for EMG LEFT LOWER EXTREMITIES is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) RIGHT LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the medical records failed to document subjective or objective evidence of radiculopathy. Furthermore, there was no discussion regarding the indication for NCS despite not being recommended by guidelines. Therefore, the request for NCV RIGHT LOWER EXTREMITIES is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) LEFT LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the medical records failed to document subjective or objective evidence of radiculopathy. Furthermore, there was no discussion regarding the indication for NCS despite not being recommended by guidelines. Therefore, the request for NCV LEFT LOWER EXTREMITIES is not medically necessary.