MAXIMUS Federal Services

Case Number:	CM14-0001542		
Date Assigned:	01/22/2014	Date of Injury:	07/19/2008
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 and Rehabilitation, and is licensed to practice in Minnesota. 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 49-year-old female who reported injury on 7/19/08. Documentation from 11/13/13 revealed that the injured worker had low back pain with numbness and tingling down the right leg. The pain was a 7/10 before medications and 5/10 after medications. Objective findings included tenderness of the posterosuperior iliac spine on the right. The diagnoses included musculoligamentous sprain lumbar spine with lower extremity radiculitis; disc protrusion of L5-S1; disc bulges at L2-3, L3-4, L4-5; a tear of the medial meniscus on the right knee; osteoarthritis of the right knee; status post right knee arthroscopy with partial medial meniscectomy; internal derangement left knee; and probable tear of the lateral meniscus. The treatment plan included a pain management consultation; naproxen, Omeprazole, and Tramadol; a laminectomy and discectomy; and an MRI, as well as EMG/NCV. It was stated the request for EMG/NCV was to rule out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYGRAPHY BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 8,62-63

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines indicate that electromyography (EMG), including H-reflex tests, may be useful to identy subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The clinical documentation submitted for review indicated that the injured worker had complaints of numbness and tingling down the right leg. There was a lack of documentation of specific myotomal and dermatomal findings to support the necessity for EMG. There was a lack of documentation indicating there were findings on the bilateral lower extremities to support the necessity for a bilateral examination. As such, the request is not medically necessary.

NERVE CONDUCTIVITY VELOCITY BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 8,62-63

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, NCS

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies (NCV) as there is minimal justification for performing NCV when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of a peripheral neuropathy condition that exists in the bilateral lower extremities. There was a lack of documentation specifically indicating the necessity for both EMG and NCV. As such, the request is not medically necessary.