

Case Number:	CM14-0002690		
Date Assigned:	01/29/2014	Date of Injury:	11/08/2012
Decision Date:	06/16/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 an employee of [REDACTED] and has submitted a claim for lumbar segmental instability, and history of arthroscopic surgery, right knee associated with an industrial injury date of November 8, 2012. The treatment to date has included right knee arthroscopy on May 8, 2013, home exercise program, physical therapy, and medications such as Alprazolam, Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, and Tramadol. Medical records from 2013 were reviewed showing that patient complained of persistent low back pain, and right knee pain. Pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking for multiple blocks. Physical examination revealed tenderness at the lumbar spine and right knee. There was pain upon terminal motion of the lumbar spine. Seated nerve root test was positive. Patellar compression test at the right knee was positive. There was pain at the right knee upon terminal flexion with crepitus. There was weakness of the right leg. Dysesthesia at the L5 and S1 dermatomes was not. The utilization review from December 24, 2013 denied the request for EMG/NCV of leg at the right lower extremities due to lack of documentation on exhaustion of conservative treatment such as activity modification, home exercise training, medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Overturned

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 California MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient has persistent back pain since 2012 with objective findings of dysesthesia at the L5 and S1 dermatomes, and positive provocative tests. The rationale given is for assessment of neurological changes. The guideline criterion has been met. Therefore, the request for electromyogram (EMG) of the bilateral lower extremities is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL LOWER EXTREMITIES: Overturned

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 (NCS).

Decision rationale: The California MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient has persistent back pain since 2012 with objective findings of dysesthesia at the L5 and S1 dermatomes, and positive provocative tests. The rationale given is for assessment of neurological changes. The medical necessity has been established. Therefore, the request for nerve conduction velocity (NCV) study of the bilateral lower extremities is medically necessary.