

Case Number:	CM14-0008162		
Date Assigned:	02/12/2014	Date of Injury:	09/30/2013
Decision Date:	07/31/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/22/2014

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 39-year-old male who has submitted a claim for right hip/thigh pain, trochanteric bursitis of the right hip, right hip/thigh strain (iliofemoral ligament), right lower extremity L4 distribution sciatica, and low back pain associated with an industrial injury date of October 2, 2013. Medical records from 2013 were reviewed. The patient complained of right hip radiating to the right thigh rated 5/10, with numbness and tingling of the right leg. He also complains of low back pain rated 4/10. Physical examination showed tenderness over the fascia lata distal to greater trochanter of the right lower extremity. Examination of the lumbar spine and left hip/thigh revealed normal findings. The diagnoses were right hip/thigh pain; trochanteric bursitis of the right hip; right hip/thigh strain (iliofemoral ligament); sciatica, right lower extremity L4 distribution; and low back pain. Treatment plan includes MRI of the umbra spine and EMG/NCS of the bilateral lower extremities. Treatment to date has included oral and topical analgesics, and physical therapy. Utilization review from December 26, 2013 denied the request for electromyogram and nerve conduction velocity studies of the left lower extremities because there were no abnormal neurologic findings or radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMGs (electromyography).

Decision rationale: According to page 303 of the ACOEM Guidelines referenced by CA MTUS, EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG Guidelines states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the patient presents with right lower extremity tingling and numbness sensation. However, there were no symptoms or pertinent physical examination findings on the left lower extremity noted. There is no compelling rationale that may warrant further testing of the left lower extremity. The medical necessity has not been established. Therefore, the request for EMG of the Left Lower Extremity is not medically necessary.

NCV OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Expert Reviewer's decision rationale: The CA MTUS Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG Guidelines, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient presents with right lower extremity tingling and numbness sensation. However, there were no symptoms or pertinent physical examination findings on the left lower extremity noted. There is no compelling rationale that may warrant further testing of the left lower extremity. The medical necessity has not been established. Therefore, the request for NCV of the Left Lower Extremity is not medically necessary.