

Case Number:	CM14-0102715		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2012
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62-year-old male was reportedly injured on 9/12/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress notes dated 6/19/2014 and 7/17/2014 indicate that there are ongoing complaints of low back pain with radiation to the lower extremities as well as bilateral knee pain. Physical examination demonstrated tenderness, decreased range of motion, decreased strength, and sensory deficit. Plain radiographs of the lumbar spine dated 4/3/2014, demonstrated moderate hypertrophic changes of the lumbar spine with decrease in the L3-L4 and L4-L5 disk levels. Plain radiographs of the knees dated 4/3/2014, demonstrated mild medial joint space narrowing without evidence of fracture or destructive changes present. His diagnosis includes lumbar radiculopathy and bilateral knee degenerative arthrosis. Previous treatment includes Ultram, Norflex, Anaprox and Prilosec. A request was made for electromyography (EMG) left lower extremity, nerve conduction velocity (NCV) right lower extremity, NCV left lower extremity, and EMG right lower extremity, which were not certified in the utilization review on 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing lower extremity symptoms. Given the lack of clinical documentation of a thorough neurological exam or a MRI/CT scan of the lumbar spine, this request is considered not medically necessary.

Nerve conduction velocity studies (NCV) right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing lower extremity symptoms. Given the lack of clinical documentation of a thorough neurological exam or a MRI/CT scan of the lumbar spine, this request is considered not medically necessary.

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