

Case Number:	CM14-0106445		
Date Assigned:	07/30/2014	Date of Injury:	06/14/2013
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehab 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 injured worker is a 51-year-old male who reported an injury on 06/14/2013. The mechanism of injury was not stated. Current diagnoses include status post right pretibial contusion and probable small fascial hernia. The only documentation submitted for this review is a Primary Treating Physician's Progress Report on 06/18/2014. The injured worker presented with persistent pain in the right lower extremity with numbness and tingling. The current medication regimen includes ibuprofen and Norco. The physical examination revealed a normal gait, tenderness to palpation, soreness over the dorsal aspect of the right foot, and full right knee and ankle range of motion without pain. Treatment recommendations included a right lower extremity MRI and an EMG/NCV study of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram of the right lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Electromyogram Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. There is no documentation of radiculopathy upon physical examination. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the lower extremities. There is also no mention of an attempt at any conservative treatment other than anti-inflammatory and pain medication. As the medical necessity has not been established, the request is not medically necessary.

Electromyogram of the left lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Electromyogram Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. There is no documentation of radiculopathy upon physical examination. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the lower extremities. There is also no mention of an attempt at any conservative treatment other than anti-inflammatory and pain medication. As the medical necessity has not been established, the request is not medically necessary.

Nerve conduction study of the right lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. There is no documentation of radiculopathy upon physical examination. There is no evidence of a significant musculoskeletal or neurological

deficit with regard to the lower extremities. There is also no mention of an attempt at any conservative treatment other than anti-inflammatory and pain medication. As the medical necessity has not been established, the request is not medically necessary.

Nerve conduction study of the left lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

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