MAXIMUS Federal Services

Case Number:	CM14-0018614		
Date Assigned:	05/09/2014	Date of Injury:	04/17/2008
Decision Date:	10/31/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 Illinois. 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 40-year-old female who reported on 04/17/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included right knee pain, right knee medial compartment arthrosis, right knee medial meniscal tear, and left wrist pain. The previous treatments included epidural steroid injections, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, and a home exercise program. Within the clinical note dated 01/18/2013, it was reported the injured worker complained of low back with left leg sciatica and numbness, and left hand pain. The injured worker reported her low back pain and left leg pain had numbness and weakness and left hand pain. Upon the physical examination, the provider noted the injured worker had an unequivocal Tinel's and Phalen's test. The range of motion of the lumbar spine was noted to be forward flexion at 16 inches and extension at 20 degrees. There was a positive straight leg raise noted on the left. There was decreased sensation along the L4-5 distribution including numbness to the great toe. The provider requested a bilateral Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the lower extremities. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) ON THE BILATERAL LOWER EXTREMITIES: 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) Low Back, nerve conduction study.

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, nerve conduction study

Decision rationale: The request for a nerve conduction velocity on the bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conductions when the patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating the injured worker had tried and failed conservative therapy. There is a lack of significant neurological deficits such as decreased sensation and motor strength in a specific dermatomal and myotomal distribution. Therefore, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The request for for Electromyography (EMG) of bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines note and EMG study is useful to ssist with the identification of neurological dysfunction in patients with low back symptoms when the examniation finding are unclear. The guidelines recommedn the failure of conservative treatment. There is a lack of significant neurological deficit such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. Additionally, the clinical documentation submitted failed to include if the injured worker had tried and failed conservative therapy. Therefore, the request is not medically necessary.