

Case Number:	CM14-0126497		
Date Assigned:	08/13/2014	Date of Injury:	07/19/2011
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 30-year-old male with a 7/19/11 date of injury. At the time (6/26/14) of request for authorization for EMG of the left Lower extremity and EMG of the right lower extremity there is documentation of subjective (low back pain, buckling in knee while walking, and numbness over legs radiating to the feet) and objective (tenderness to palpation over patellofemoral joint, decreased range of motion of the knee; significant weakness with flexion and extension of bilateral knee; and positive Apley compression test and McMurray test) finding, current diagnoses (lumbar sprain, sciatica, and right knee internal derangement), and treatment to date (physical therapy and medications). Medical report identifies a request for EMG of the lower extremity given the significant numbness in the lower extremities, as a last ditch effort that might explain patient's 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: 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: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain, sciatica, and right knee internal derangement. In addition, there is documentation of a request for EMG of the lower extremity given the significant numbness in the lower extremities, as a last ditch effort that might explain patient's symptoms. Furthermore, there is documentation of evidence of radiculopathy after 1 month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG of the left Lower extremity is medically necessary.

EMG Of The Right Lower Extremity: 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: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain, sciatica, and right knee internal derangement. In addition, there is documentation of a request for EMG of the lower extremity given the significant numbness in the lower extremities, as a last ditch effort that might explain the patient's symptoms. Furthermore, there is documentation of evidence of radiculopathy after 1 month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG of the right Lower extremity is medically necessary.