

Case Number:	CM14-0131101		
Date Assigned:	08/20/2014	Date of Injury:	03/24/2014
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 3/24/14 date of injury. The physicians request is for EMG (electromyography) study of the right lower extremity, EMG study of the left right lower extremity, NCV (Nerve Conduction Velocity) study of the right lower extremity, and NCV study of the right lower extremity. At the time of request for authorization there was documentation of subjective findings consisting of low back and right knee pain. There was also documentation of objective findings consisting of tenderness over the lumbar paravertebral muscle, decreased lumbar spine range of motion with spasm and pain, decreased pain sensation over the L5 dermatomal distribution, right patellar crepitus with tenderness, positive right McMurray's test, and tenderness over the right knee medial and lateral joint line. The current diagnoses included right knee tendonitis/bursitis, right knee sprain/strain rule our meniscal tear, a lumbar sprain/strain, and the treatment to date consisted of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the right lower extremity QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Low Back.

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, Electrodiagnostic studies.

Decision rationale: The 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. The ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, the ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of right knee tendonitis/bursitis, right knee sprain/strain rule our meniscal tear, and lumbar sprain/strain. In addition, given documentation of objective findings (decreased pain sensation over the L5 dermatomal distribution); there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. Furthermore, there is documentation of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for an EMG study of the right lower extremity is medically necessary.

EMG (Electromyography) study of the left right lower extremity QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Low Back.

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, Electrodiagnostic studies.

Decision rationale: The 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. The ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, the ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of right knee tendonitis/bursitis, right knee sprain/strain rule our meniscal tear, and lumbar sprain/strain. In addition, given documentation of objective findings (decreased pain sensation over the L5 dermatomal distribution); there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. Furthermore, there is documentation of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for an EMG study of the left right lower extremity is medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity QTY: 1.00:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Low Back.

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, Electrodiagnostic studies.

Decision rationale: The 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. The ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, the ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of right knee tendonitis/bursitis, right knee sprain/strain rule our meniscal tear, and lumbar sprain/strain. In addition, given documentation of objective findings (decreased pain sensation over the L5 dermatomal distribution); there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. Furthermore, there is documentation of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for an NCV study of the right lower extremity is medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Low Back.

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, Electrodiagnostic studies.

Decision rationale: The 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. The ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, the ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of right knee tendonitis/bursitis, right knee sprain/strain rule our meniscal tear, and lumbar sprain/strain. In addition, given documentation of objective findings (decreased pain sensation over the L5 dermatomal distribution); there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. Furthermore, there is documentation of

conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for an NCV study of the left lower extremity is medically necessary.