

Case Number:	CM14-0132757		
Date Assigned:	08/25/2014	Date of Injury:	02/20/2011
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 Medicine 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 55-year-old female with a 2/20/11 date of injury. At the time (7/16/14) of request for authorization for Electromyography (EMG) of The Bilateral Lower Extremities and Nerve Conduction Velocity (NCV) of The Bilateral Lower Extremities, there is documentation of subjective (right knee pain radiating to the upper and lower leg and into the right hip with tingling and weakness; and right hip pain radiating into the right groin area with burning sensations) and objective (antalgic gait, positive Faber's test with spasms and decreased right hip range of motion) findings, current diagnoses (chronic right knee sprain/strain, right lower extremity paresthesias, right hip degenerative joint disease, femoral acetabular impingement, and right hip anterior and anterosuperior acetabular tear), and treatment to date (physical therapy and oral pain medications). In addition, medical report identifies a request for medications (Ibuprofen and Tramadol) for pain and inflammation. There is no documentation of focal neurologic dysfunction and objective evidence of radiculopathy after 1-month of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of The Bilateral Lower Extremities: Upheld

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), Electrodiagnostic Testing (EMG/NCS)

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

Decision rationale: The 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. Within the medical information available for review, there is documentation of diagnoses of chronic right knee sprain/strain, right lower extremity paresthesias, right hip degenerative joint disease, femoral acetabular impingement, and right hip anterior and anterosuperior acetabular tear. However despite documentation of subjective findings (right knee pain radiating to the upper and lower leg and into the right hip with tingling and weakness; and right hip pain radiating into the right groin area with burning sensations), and given documentation of objective findings (antalgic gait, positive Faber's test with spasms and decreased right hip range of motion), and a request for medications (Ibuprofen and Tramadol) for pain and inflammation, there is no documentation of focal neurologic dysfunction and objective evidence of radiculopathy after 1-month of conservative therapy. Therefore, the request is not medically necessary and appropriate.

Nerve Conduction Velocity (NCV) of The Bilateral Lower Extremities: Upheld

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), Low Back and Neck chapter: Electrodiagnostic Testing (EMG/NCS)

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

Decision rationale: The 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 chronic right knee sprain/strain, right lower extremity paresthesias, right hip degenerative joint disease, femoral acetabular impingement, and right hip anterior and anterosuperior acetabular tear. However despite documentation of subjective findings (right knee pain radiating to the upper and lower leg and into the right hip with tingling and weakness; and right hip pain radiating into the right groin area with burning sensations), and given documentation of objective findings (antalgic gait, positive Faber's test with spasms and decreased right hip range of motion), and a request for medications (Ibuprofen and Tramadol) for pain and inflammation, there is no documentation of focal neurologic dysfunction and objective evidence of radiculopathy after 1-month of conservative therapy. Therefore, the request is not medically necessary and appropriate.

