

Case Number:	CM14-0134199		
Date Assigned:	08/25/2014	Date of Injury:	01/28/1999
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
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 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:

This is a 65-year-old male with a 1/28/99 date of injury. At the time of request for authorization for EMG left lower extremity and NCS left lower extremity, there is documentation of subjective knee and lower back pain, feels of burning nerve pain, stabbing pain in calves, and constant pain that radiates into left leg. Objective findings were decreased lumbar spine range of motion, tenderness over lumbar paraspinals and lumbar facet joints, knee and ankle reflexes 2+ bilaterally, normal sensation in bilateral lower extremities, and 5 out of 5 motor strength of ankle dorsiflexion plantar flexion, knee flexion/extension, hip flexion extension abduction, adduction bilaterally. Current diagnoses include; lumbar spondylosis without myelopathy, subacromial bursitis, and osteoarthritis of knee. Treatments to date are home exercise program and medications including Oxycodone. There is no documentation of objective findings consistent with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12 - 8.

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: 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 electro diagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electro diagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis without myelopathy, subacromial bursitis, and osteoarthritis of knee. In addition, given documentation of subjective knee and lower back pain, feels of a burning nerve pain, stabbing pain in his calves, and constant pain that radiates into left leg, there is documentation of subjective findings consistent with radiculopathy. In addition, there is documentation of failure of 1-month of conservative therapy. However, given documentation of objective knee and ankle reflexes 2+ bilaterally, normal sensation in bilateral lower extremities, and 5 out of 5 motor strength of ankle dorsiflexion/plantar flexion, knee flexion extension, hip flexion extension abduction, adduction bilaterally findings, there is no documentation of objective findings consistent with radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG is not medically necessary.

NCS left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12 - 8.

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: 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 electro diagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electro diagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis without myelopathy, subacromial bursitis, and osteoarthritis of knee. In addition, given documentation of subjective knee and lower back pain, feels of burning nerve pain, stabbing pain in calves, and constant pain that radiates into left leg, there is documentation of subjective findings consistent with radiculopathy. There is documentation of failure of 1-month of conservative therapy. However, given documentation of objective knee and ankle reflexes 2+ bilaterally, normal sensation in bilateral lower extremities, and 5 out of 5 motor strength of ankle dorsiflexion/plantar flexion, knee flexion extension, hip flexion extension abduction, adduction bilaterally, there is no documentation of objective findings consistent with radiculopathy. Based on guidelines and a review of the evidence, the request for NCS is not medically necessary.

