

Case Number:	CM14-0145848		
Date Assigned:	09/12/2014	Date of Injury:	07/17/2000
Decision Date:	12/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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 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:

The patient is a 55 year old female with date of injury 7/17/00 that underwent a right total knee replacement on 7/26/13. The treating physician report dated 7/10/14 indicates that the patient presents with pain affecting the cervical spine 6/10, lumbar spine 8/10, numbness in big toe of left foot, bilateral knees 6-7/10 and the right knee is 85% better since surgery. The physical examination findings reveal pain at L3-S1 and normal lumbar ranges of motion. Prior treatment history includes medications, physical therapy and surgery. The current diagnoses are: 1.Pain, bilateral knees2.Pain, Lumbar spineThe utilization review report dated 8/28/14 denied the request for EMG/NCV left lower extremity based on the ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of Left Lower Extremity to r/o Nerve Damage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter for Electrodiagnostic Studies and EMG.

Decision rationale: The patient presents with chronic lower back pain, numbness of the left big toe and bilateral knee pain with right knee replacement on 7/26/13. The current request is for EMG/NCV of Left Lower Extremity to r/o Nerve Damage. The treating physician report dated 7/10/14 states, "We discussed the possibility of patient having an EMG/NCV for her left leg." The ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG guidelines go on with further discussion of EMG/NCV stating that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy. ODG goes on to discuss nerve conduction studies as not recommended for lower back pain alone. In this case the treating physician has documented that the patient has a subjective complaint of numbness affecting the left big toe. There is no description of any radiculopathy, there is no diagnosis of radiculopathy, and there are no objective findings in the reports provided to indicate that there is any sign of radiculopathy. While the ACOEM guidelines may support EMG for lower back pain the current request is for EMG/NCV and the ODG requires that electrodiagnostic studies be medically indicated to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. The treating physician has not documented any signs of radiculopathy, lumbar plexopathy or peripheral neuropathy that need to be ruled out. Recommendation is for not medically necessary.