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| Case Number: | CM14-0151301 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 12/16/2013 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 42-year-old male with a 12/16/13 date of injury. At the time (9/8/14) of the Decision for Retrospective request for EMG bilateral lower extremities (DOS 8/28/14) and Retrospective request for NCV bilateral lower extremities (DOS 8/28/14), there is documentation of subjective (lumbar spine pain radiating to the back of right leg associated with numbness of the right foot) and objective (tenderness over the right buttock, decreased lumbar range of motion with pain, and reduced sensation in right L5 dermatome). Findings in an electrodiagnostic study findings (EMG/NCV of bilateral lower extremities (6/12/14) report revealed asymmetrical H reflex suggests but is not definitive for left S1 radiculopathy). The current diagnoses include degenerative disc disease and right L5 and S1 radiculopathy. Treatment to date includes medications and physical therapy. There is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for EMG bilateral lower extremities (DOS 8/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61,303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: The MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease and right L5 and S1 radiculopathy. In addition, there is documentation of a previous electrodiagnostic study on 6/12/14. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for EMG bilateral lower extremities (DOS 8/28/14) is not medically necessary.

Retrospective request for NCV bilateral lower extremities (DOS 8/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: The MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease and right L5 and S1 radiculopathy. In addition, there is documentation of a previous electrodiagnostic study on 6/12/14. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for NCV bilateral lower extremities (DOS 8/28/14) is not medically necessary.