

Case Number:	CM14-0161139		
Date Assigned:	10/06/2014	Date of Injury:	10/14/2011
Decision Date:	12/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 Texas and Florida. 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 48 a year old male who was injured on 10/4/2011. The diagnoses are cervical, lumbar, bilateral upper extremity, left shoulder and bilateral knee pain. The patient completed PT, several knee injections and shoulder injections. There is associated diagnosis of morbid obesity. ██████████ noted subjective complaint of persistent bilateral knee pain despite 2 recent Supartz injections. The pain score is rated at 7/10 on a scale of 0 to 10. On 8/11/2014, ██████████ noted that the MRI of the lumbar spine showed facet hypertrophic changes. There was no subjective or objective finding of radiculopathy or neuropathy. There was no sensory or motor deficit on clinical examination. ██████████ indicated that the request for EMG/NCV studies was to evaluate radiculopathy from the knee condition. The medication is listed as Norco for pain. A Utilization Review determination was rendered on 9/9/2014 recommending non certification for EMG/NCV left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) EMG/NCV of left lower extremity as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-[www.acoempracguides.org/ChronicPain;table 2](http://www.acoempracguides.org/ChronicPain;table2), summary of recommendations, Chronic Pain Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Low Back, Low Extremities

Decision rationale: The CA MTUS did not address the use of EMG/NCV in the evaluation of leg pain. The ODG guidelines recommend that EMG/NCV can be utilized in the evaluation of lower extremity radiculopathy and neuropathy that cannot be fully evaluated by clinical findings and radiological studies. According to the records by [REDACTED] who initially ordered the EMG/NCV studies, there is no subjective, objective or radiological finding that suggests the existence of lower extremity radiculopathy or neuropathy. There are no neurological deficits. The sensory, motor and reflexes were all reported as within normal limits. [REDACTED] had indicated that the tests are to evaluate if the leg pain is from the knee but the record indicate that the patient is being treated for painful knee arthritis for which he is receiving Supartz injections. The criteria for EMG /NCV studies of the lower extremity was not met.