MAXIMUS Federal Services

Case Number:	CM14-0037531		
Date Assigned:	06/25/2014	Date of Injury:	12/15/2013
Decision Date:	07/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal Medicine & Emergency Medicine, and is licensed to practice in 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:

This patient is a 48-year-old with a date of injury of 12/15/13. A progress report associated with the request for services, dated 02/10/14, identified subjective complaints of left elbow and right knee and foot pain. The patient has low back pain and numbness and tingling in the right leg. Objective findings included tenderness over the left medial epicondyle. There was tenderness to palpation at L5. Straight leg-raising was negative. Range of motion was decreased and painful. Motor function of the lower extremities was normal. The diagnoses included torn medial meniscus of the right knee; lumbar sprain and radiculopathy; and left medial epicondylitis. Treatment has included oral analgesics and non-steroidal anti-inflammatory drugs (NSAIDs). A utilization review determination was rendered on 03/11/14 recommending non-certification of "Electromyography (EMG) of the bilateral lower extremities and Nerve Conduction Velocity (NCV) Study".

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The CA MTUS guidelines state that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. In this case, there is no documentation that the physical examination is unclear or that imaging studies are contemplated. The patient's diagnosis includes a radiculopathy . Therefore, the record does not document the medical necessity for a bilateral electromyogram. As such, the request is not certified.

Nerve Conduction Velocity (NCV) Study of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCS (nerve conduction studies).

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

Decision rationale: The CA MTUS guidelines do not address nerve conduction studies with low back injury The Official Disability Guidelines (ODG) states that nerve conduction studies are: "not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, there is no documentation of the necessity to further define a radiculopathy. The patient's signs and symptoms are compatible with a radiculopathy. Therefore, the record does not document the medical necessity for a bilateral nerve conduction study.