

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0058815 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 01/01/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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, has a subspecialty in Interventional Spine, 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 56 year old with a date of injury of 1/1/12. The patient complains of pain in the bilateral knees and lower lumbar pain, per 3/19/14 report. The patient states that knee pain is constant, shooting/stabbing that is on and behind the knee, and lower back is achy all the time, sometimes feeling like hips are hurting when standing per 3/19/14 report. Based on the 3/19/14 progress report provided by Dr. [REDACTED] the diagnoses are lower back pain, pain in the wrist joint, bilateral knee pain, and left lumbar radiculopathy. Exam on 3/19/14 showed abnormal balance, numbness / tingling, altered sensations, loss of coordination, parestheias weakness in left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines), online Edition Chapter: Low Back EMGs(electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367.

Decision rationale: This patient presents with bilateral knee pain and lower back pain. The treater has asked for EMG left lower extremity on 3/19/14. Regarding electrodiagnostic studies of lower extremities, the ACOEM supports EMG and H-reflex tests to determine subtle, focal neurologic deficit. The review of the records does not show prior EMG/NCV studies. In this case, the treater has asked for an EMG which is reasonable considering persistent radiculopathy down left lower extremity. As such, the request is medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367.

Decision rationale: This patient presents with bilateral knee pain and lower back pain. The treater has asked for NCV left lower extremity on 3/19/14. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. The ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. As such, the request is not medically necessary.