

Case Number:	CM14-0079823		
Date Assigned:	07/18/2014	Date of Injury:	01/08/2007
Decision Date:	11/06/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/30/2014

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 Family Medicine 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:

This is a 58 year old male patient who sustained an injury on 1/08/2007. The current diagnosis includes bilateral knee severe degenerative arthritis. According to the doctor's note dated 4/16/2014, patient had complaints of exacerbated low back pain with radiation to the bilateral lower extremities; pain increased with prolonged sitting; severe bilateral knee pain at 9/10. Physical exam revealed lumbar spine- positive straight leg raise with radiation to lower extremities with numbness and tingling in bilateral L5/S1 nerve root distribution right greater left, bilateral knee- positive patellar grinding and crepitus right greater than left, McMurrays increased bilateral knee pain right greater than left, varus deformity bilateral right greater than left; right knee ROM- 92/0, left knee ROM-96/-8. The medications list includes Vicodin. He has undergone a right knee operative arthroscopy in 04/05. He has had physical therapy visits and synvisc injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/nerve conduction velocity (Bilateral Lower Extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disabilities Guidelines Lower Back

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

Decision rationale: Per ACOEM guidelines, "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." A detailed history of the neurological symptoms of tingling numbness or weakness of the lower extremities along with onset and duration of these symptoms and exacerbating and relieving factors was not specified in the records provided. Prior diagnostic study report including a lumbar MRI is not specified in the records provided. Response of the lower extremities symptoms, to prior conservative therapy for the low back is not specified in the records provided. The medical necessity of electromyography/nerve conduction velocity (Bilateral Lower Extremities) is not established for this patient at this time.