

Case Number:	CM14-0084161		
Date Assigned:	07/21/2014	Date of Injury:	08/21/2013
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 North Carolina. 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 53 year old with a reported date of injury of 08/21/2013 that resulted from a fall at work. The patient has the diagnosis of meniscal tear, lumbar radiculopathy and closed head injury. Past treatment modalities have included an epidural steroid injection. The patient is scheduled for knee surgery. Per the progress reports provided by the requesting physician dated 05/08/2014, the patient had complaints of low back pain that radiates down to his right lower extremity and right knee pain. Physical exam noted pain in the lumbar spine with restricted range of motion, decreased pinprick sensation to the right lateral leg, positive right straight leg raise, tenderness on the right medial knee and a positive McMurray test. Previous MRI had shown a disc protrusion at L4/5. Treatment recommendations included medication modification, TENS unit and EMG/NCV of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-308.

Decision rationale: The ACOEM chapter on low back complaints and special diagnostics states: 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. Diskography is not recommended for assessing patients with acute low back symptoms. In addition table 12-8 in the low back complaint chapter of the ACOEM only recommends EMG to clarify nerve root dysfunction and does not recommend the test for clinically obvious radiculopathy. This patient has clinically obvious signs of radiculopathy as documented in the physical exam. There is no indication why identification of subtle, focal neurologic dysfunction would be necessary. Previous MRI had established lumbar disc disease. For these reasons the requested service cannot be certified.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-308.

Decision rationale: The ACOEM chapter on low back complaints and special diagnostics states: 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. Diskography is not recommended for assessing patients with acute low back symptoms. In addition table 12-8 in the low back complaint chapter of the ACOEM only recommends EMG to clarify nerve root dysfunction and does not recommend the test for clinically obvious radiculopathy. This patient has clinically obvious signs of radiculopathy as documented in the physical exam. There is no indication why identification of subtle, focal neurologic dysfunction would be necessary. Previous MRI had established lumbar disc disease. NCV Right Lower Extremity is not medically necessary and appropriate.