

Case Number:	CM14-0090054		
Date Assigned:	07/25/2014	Date of Injury:	03/11/2013
Decision Date:	10/06/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation 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 injured worker is a 69-year-old male who reported an injury 03/11/2013. The mechanism of injury was not provided within the medical records. The Clinical Note dated 06/05/2014 is handwritten and hard to decipher, indicated diagnoses of lumbar spine sprain/strain with disc protrusion at L3-4 and bilateral knee. The injured worker reported low back and left hip pain described as aching, burning, pins and needles, tingling after prolonged sitting, standing, hip pain, is worse on the left than the right and it radiates down to the left leg with pain causing loss of stability. The injured worker rated his pain 8/10 on physical examination. The unofficial x-ray of the bilateral knees indicated compartmental osteoarthritic change and osteopenia. The injured worker's treatment plan included a urine toxicology, Xolido medication, topical compounds, and Synvisc injections to bilateral knees, and a request for an offloader brace. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Xolido, topical compound creams, and Terocin patch. The provider submitted a request for EMG of the bilateral lower extremities and NCV of the bilateral lower extremities. A Request for Authorization dated 06/11/2014 was submitted; however, rationale was not provided for review, in addition, the EMG and NCV was not on the Request for Authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-31.

Decision rationale: The request for Electromyography (EMG) of bilateral lower extremities is medically indicated. The CA MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities; if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. There is lack of documentation of exhaustion of conservative treatment such as NSAIDs and physical therapy. In addition, there is lack of documentation including an adequate and physical examination. Therefore, the request of EMG of bilateral lower extremities is not medically necessary and appropriate.

Nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Nerve conduction velocity (NCV) of bilateral lower extremities is not medically indicated. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. As such, the request is not medically necessary.