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| Case Number: | CM14-0007782 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 06/25/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/06/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male, who sustained an industrial injury on 6/25/13. On 1/16/14, the injured worker submitted an application for IMR for review of EMG Left Lower Extremity, and EMG Right Lower Extremity, and NCV Left Lower Extremity, and NCV Right Lower Extremity. The treating provider has reported the injured worker complained of bilateral lower extremity pain with the right greater than the left associated with numbness and tingling sensation. The diagnoses have included knee pain, low back pain, and cervical facet syndrome. Treatment to date has included chiropractic care; acupuncture; physical therapy; MRI cervical spine (8/23/13)medial branch nerve blocks at right C3, C4, C5 (no date); right knee surgery x4 (no date); left knee arthroscopy (no date); lumbar and cervical epidural steroid injections medications. On 1/6/14 Utilization Review non-certified EMG Left Lower Extremity, and EMG Right Lower Extremity, and NCV Left Lower Extremity, and NCV Right Lower Extremity. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The patient presents with low back pain, which radiates into the bilateral extremities. The current request is for EMG Left Lower Extremity. The treating physician states, "BLE EMG/NCV rule out radiculopathy. Patient complains of bilateral lower extremity pain with numbness and tingling." (11) The patient has not had an EMG/NCV study done prior to this request. The ODG guidelines state, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, the treating physician has documented that they would like to rule out radiculopathy and the patient continues to have pain even after one month of conservative treatments including physical therapy and medications. The current request is medically necessary and the recommendation is for authorization.

EMG LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: EMGs (electromyography).

Decision rationale: The patient presents with low back pain, which radiates into the bilateral extremities. The current request is for NCV Right Lower Extremity. The treating physician states, "BLE EMG/NCV rule out radiculopathy. Patient complains of bilateral lower extremity pain with numbness and tingling." (11) The patient has not had an EMG/NCV study done prior to this request. The ODG guidelines state, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. NCS which are not recommended for low back conditions and EMGs which are recommended as an option for low back." In this case, the treating physician has documented that the patient has continued pain despite over one month of conservative treatments including physical therapy and medication. The request is appropriate, as the physician has no definitive diagnosis of radiculopathy. The current request is medically necessary and the recommendation is for authorization.

NCV LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The patient presents with low back pain, which radiates into the bilateral extremities. The current request is for NCV Right Lower Extremity. The treating physician states, "BLE EMG/NCV rule out radiculopathy. Patient complains of bilateral lower extremity pain with numbness and tingling." (11) The patient has not had an EMG/NCV study done prior to this request. The ODG guidelines state, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. NCS which are not recommended for low back conditions and EMGs which are recommended as an option for low back." In this case, the treating physician has documented that the patient has continued pain despite over one month of conservative treatments including physical therapy and medication. The request is appropriate, as the physician has no definitive diagnosis of radiculopathy. The current request is medically necessary and the recommendation is for authorization.

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