

Case Number:	CM14-0196290		
Date Assigned:	12/04/2014	Date of Injury:	10/15/2010
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Practice, 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 47-year-old male who sustained an industrial injury 10/15/10. He complained of low back pain and left knee pain, with numbness in the leg. Surgical history includes a right ankle fusion 08/08/14, for which he is still treating for with another doctor. According to the provider's report dated 10/16/14, he is awaiting a discogram. The doctor's first report of occupational injury noted the patient complained of low back, left knee, right foot, and ankle pain due to repetitive duties. The injured left knee, status post scope. Treatment rendered at this time was medications, EMG/NCV to both legs, left knee. His last day worked was 06/09/14. The worker was seen 08/20/14 for a follow up examination by the surgeon who performed his foot surgery. His diagnoses were noted as right triple arthrodesis, gastrocnemius recession, peroneus brevis to dorsum transfer. The worker reported his pain was controlled by the pain medications he received from his pain management doctor. The physician's objective findings noted the wounds were healing nicely, there was moderate swelling, and the foot was well-aligned. The sutures were removed, a short-leg non-walking cast was applied and he was to return in four weeks. There was a physical therapy treatment note dated 09/03/14 for the second visit which noted the diagnoses as lumbago, degeneration of lumbar or lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. The patient reported he was doing exercises at home and that he received an injection to the hip which he received some relief from. The diagnoses were noted as spondylolysis, lumbosacral with radiculopathy, degenerative joint disease. His status as reported by the physical therapist included AROM (lumbar right side bending) - moderate impairment 10 degrees of side bending with pain into the right groin reported; AROM (lumbar extension) - moderate impairment 10 degrees of extension; AROM (lumbar flexion) - moderate impairment 20 degrees of flexion with pain upon return to upright position; flexibility/muscle length (hamstring/straight leg raise) -

mild hamstring/straight leg raise flexibility deficits 60 degrees on the right and 70 degrees on the left; strength (lower abdominals) - moderate weakness 3/5; strength (hip abductors) - mild weakness 4/5 strength bilaterally; strength (hip adductor) - normal 5/5; strength (hip flexion) - mild weakness 4/5 strength bilaterally; strength (knee extension/ quadriceps) - mild weakness 4/5 strength bilaterally; strength (knee flexion) - normal 5/5; strength (L4/tibialis anterior) - normal 5/5. The physical therapist's assessment noted palpable tightness into the right lumbosacral paraspinals noted during manual therapy. He was given instructions in strategies to use safe body mechanics in the work environment. There was a procedure report noting the patient received a peripheral nerve block (right popliteal and saphenous blocks) on 08/08/14 for postop pain control to the right ankle fusion. There was no provider report available which established the need for a bilateral lower extremity EMG/NCV. The physician's examination neglected to reflect any red flag signs correlating to the lumbar spine or the bilateral lower extremities and there were no signs of peripheral nerve entrapment as no peripheral neuropathy testing was documented. There were also no lumbar spine MRI studies available for review or documented. Based on these findings, the patient has not met the medical criteria for electrodiagnostic testing (EMG/NCS). ACOEM and CA MTUS do not recommend electrodiagnostic testing (EMG/NCS) due to the lack of findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 337 and 390, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain (Acute & Chronic), EMG/NCV of the bilateral lower extremities.

Decision rationale: Examination neglected to reflect any red flag signs correlating to the lumbar spine or the bilateral lower extremities and there were no signs of peripheral nerve entrapment as no peripheral neuropathy testing were documented. There were also no lumbar spine MRI studies available for review or documented. Based on these findings, the patient has not met the medical criteria for electrodiagnostic testing (EMG/NCS). ACOEM and CA MTUS do not recommend electrodiagnostic testing (EMG/NCS) due to the lack of findings. As such, this request is not medically necessary.