

Case Number:	CM15-0001530		
Date Assigned:	01/12/2015	Date of Injury:	11/19/2011
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 11/19/2011, Mechanism of injury is described as a trip and fall. Pt has a diagnosis of lumbar sprain, bilateral knee contusion and lumbar facet syndrome. Medical reports reviewed. Last report available until 12/11/14. Patient complains of low back pain and R knee pain. Sleep was poor. Objective exam reveals low back pain and decreased range of motion. It noted mild weakness to R extensor hallucis and ankle dorsiflexors. L4 and L5 dermatomes had noted decreased sensation. The only rationale for request for repeat EMG/NCS is from qualified medical examiner report dated 5/20/14 who wanted it done for documentation of radicular signs and for AMA impairment rating. MRI of knee (7/23/13) revealed normal imaging. MRI of lumbar spine (8/22/13) revealed L4-5 grade 1 spondylolisthesis with marked degenerative changes leading to mild spinal stenosis and foraminal narrowing at L4-5 level. EMG/NCS (7/17/13) revealed finding suggestive of bilateral polysensory neuropathy. Medications listed include Ibuprofen, Robaxin, Norco and Neurontin. Independent Medical Review is for EMG/NCS of bilateral lower extremity. Prior Utilization Review on 12/19/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG / NCS for bilateral lower extremities: 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, Chapter 14 Ankle and Foot Complaints Page(s): 309 and 377.

Decision rationale: EMG (Electromyography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. Patient already had a recent EMG that did not show radiculopathy. There is no documented justification for repeat EMG or why the recent EMG is not valid. The physical exam is unchanged for almost a year. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. Patient already had a recent NCV done. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.