

Case Number:	CM15-0004496		
Date Assigned:	01/15/2015	Date of Injury:	08/20/1996
Decision Date:	03/11/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 8/20/1996 while lifting/changing a water closet. The diagnoses have included internal derangement of the knee, degenerative changes in the lumbar spine, cervical spondylosis, depression, muscle spasms, patellofemoral syndrome, and lumbar facet syndrome. Treatment to date has included chiropractic, epidural steroid injections, facet joint injections, trigger point injections, physical therapy, acupuncture, exercise and TENS unit. He underwent a patellar tendon debridement, chondroplasty of the patella and lateral tibial plateau in 1997. Currently, the IW complains of pain with medications as s 4/10 and without medications as a 6/10. He reports that his right knee buckled about 2 weeks ago and he caught himself on a ledge. He has increased pain since the stumble. His right foot feels like it is "filled with sand." Objective findings included restricted cervical range of motion, and lumbar spine restricted range of motion due to pain. Lumbar facet loading is positive on both sides. Straight leg raise test is negative. Gait is slow and causes pain to lumbar region. On 12/30/2014, Utilization Review non-certified a request for EMG (electromyography)/NCS (nerve conduction studies) of the right lower extremity noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM was cited. On 1/08/2015, the injured worker submitted an application for IMR for review of EMG/NCS 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/NCS for the right lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was confusing and less-than-clear evidence which might have been related to lumbar radiculopathy such as the right foot feeling like it was "filled with sand," and weakness of right leg, but with other signs that did not confirm this (negative straight leg raise, normal sensation, etc.). It would be reasonable to consider right-sided leg nerve testing. Considering the right foot symptoms appeared to be new, the request without viewing prior nerve testing results is reasonable. Therefore, the right leg EMG/NCV testing is medically necessary in order to clarify the diagnosis and cause of his right foot symptoms, in the opinion of this reviewer.