

Case Number:	CM15-0005619		
Date Assigned:	01/20/2015	Date of Injury:	11/12/2013
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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 York

Certification(s)/Specialty: Internal 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:

The injured worker is a 54 year old male, who sustained an industrial injury on November 12, 2013. The diagnoses have included protrusion L2-2, L3, L4-5, L5-S1 with neural encroachment greatest at L5-S1, lumbar radiculopathy, facet osteoarthropathy lower lumbar spine, status post left total hip arthroplasty on June 30, 2014, left knee chondromalacia patella, right knee aggravation of per-existing compartmental arthroplasty, left ankle chronic strain and right hip arthralgia. Treatment to date has included lumbar displacement, LOC Prim osteoarthritis pelvis, and lumbago and chondromalacia patellae. Treatment to date has included urine drug screen, TENS unit and left total hip arthroplasty. Currently, the injured worker complains of left hip, knee and ankle pain, right hip pain. On December 23, 2014 Utilization Review non-certified a electromyogram and nerve conduction study of the bilateral lower extremities with neurological consultation, Second opinion in regards to left hip orthopedic joint replacement noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of electromyogram and nerve conduction study of the bilateral lower extremities with neurological consultation, Second opinion in regards to left hip orthopedic joint replacement, Tramadol ER 150mg quantity 60, Hydrocodone 10/325mg quantity 60, Naproxen 550mg quantity: 90, Pantoprazole 20mg quantity 90 and Cyclobenzaprine 7.5mg quantity 90.

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 with neurological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nerve Conduction Studies

Decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the lower extremities. Per the medical documentation there are no clinical signs of lower extremity radiculopathy. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of radiculopathy who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for EMG/NCV of the bilateral lower extremities. Medical necessity for the requested service has not been established. The requested service is not medically necessary.