

Case Number:	CM15-0107598		
Date Assigned:	06/12/2015	Date of Injury:	09/10/2012
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old [REDACTED] beneficiary who has filed a claim for chronic knee, neck and back pain reportedly associated with an industrial injury of September 10, 2012. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an April 28, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an application dated June 4, 2015, the applicant's attorney stated that he was appealing a request for "EMG of the left lower extremity; EMG of the right lower extremity, NCV right lower extremity, and NCV left lower extremity". On April 28, 2015, the applicant reported ongoing complaints of neck pain, upper back pain, low back, bilateral shoulder pain, bilateral wrist and forearm pain, bilateral wrist and hand pain, and bilateral knee and leg pain. The note was very difficult to follow and comprised, on large part, of preprinted checkboxes. The applicant had already had cervical MRI imaging, right shoulder MRI imaging, left shoulder MRI imaging, thoracic spine MRI imaging, and lumbar MRI imaging, it was acknowledged. The attending provider stated that it was uncertain as to whether the applicant had or had not had electrodiagnostic testing of the bilateral upper and/or bilateral lower extremities. The applicant reported multifocal pain complaints and attendant complaints of sleep disturbances, it was stated. Painful range of motion was noted about the shoulder. The note was very difficult to follow, thinly developed, and did not contain much narrative commentary so as to augment the request at hand. The attending provider checked some boxes stating the applicant did not have any numbness or tingling and then went on to check other

boxes stating that the applicant did have numbness and tingling. Some of these boxes were struck through. Ultimately, it appeared that the attending provider stated that the applicant did not have any symptoms of paresthesias, numbness, or tingling. It was suggested (but not clearly stated) that the applicant was working in a sedentary capacity. Electrodiagnostic testing was seemingly proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 309; 347.

Decision rationale: No, the request for electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing is "recommended" to clarify the diagnosis of nerve root dysfunction, here, however, did not appear that the applicant had issues with nerve root dysfunction evident on or around the date of the request, April 28, 2015. On that date, the applicant denied issues with numbness, tingling or paresthesias, it was stated in at least one section of the note. The attending provider did not state how the proposed EMG testing in question would influence or alter the treatment plan. The applicant's left knee was seemingly the primary pain generator on that date, it was further noted. The MTUS Guidelines in ACOEM Chapter 13, Table 13-6, page 347 further notes that electrical studies (aka NCV testing) are "contraindicated" for nearly all knee injury diagnoses. Here, a clear rationale for testing in question was not furnished. The testing in question had seemingly been ordered largely for routine evaluation purposes. It was not stated what was sought. It was stated what was suspected. It was not stated how the proposed EMG-NCV testing would influence or alter the treatment plan. Therefore, the request is not medically necessary".