

Case Number:	CM15-0131136		
Date Assigned:	07/17/2015	Date of Injury:	09/11/2012
Decision Date:	08/19/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/07/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old male who sustained an industrial injury on September 11, 2012. He has reported injury to the low back and right knee and has been diagnosed with lumbar spine chronic radiculopathy on the right side of L5, lumbar spine degenerative disc disease L5-S1 with stenosis, right knee arthroscopy surgery with reefing of the medial patellofemoral ligament, right knee arthroscopic plica resection, and right knee mild patellar tendinosis per MRI. Treatment has included medications, medical imaging, injection, acupuncture, and physical therapy. Examination of the lumbar spine showed tenderness to palpation over the lumbar spine. Sensation revealed decreased sensation to light touch over the right foot dorsum and toes. The right knee reveals tenderness to palpation over the medial joint line. There was crepitus to the knee joint. Joint effusion was present to the right knee. The injured worker ambulated with an antalgic gait to the right side. He was wearing a knee brace. The treatment request included EMG of the right and left lower extremities and NCV of the right and left lower extremities. Notes indicate that the patient underwent electro-diagnostic testing in November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Right Lower Extremity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for repeat EMG of the right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication of any worsening of the patient's subjective complaints and/or objective findings since the most recent electro diagnostic study was performed. Additionally, it is unclear how the currently requested electro diagnostic testing will change the patient's current treatment plan as the patient has already undergone interventional procedures such as epidural steroid injections. In the absence of clarity regarding those issues, the currently requested EMG of the right lower extremity is not medically necessary.

Electromyography (EMG) of the Left Lower Extremity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for repeat EMG of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication of any worsening of the patient's subjective complaints and/or objective findings since the most recent electro diagnostic study was performed. Additionally, it is unclear how the currently requested electro diagnostic testing will change the patient's current treatment plan as the patient has already undergone interventional procedures such as epidural steroid injections. In the absence of clarity regarding those issues, the currently requested EMG of the left lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the Right Lower Extremity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for repeat NCV of the right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication of any worsening of the patient's subjective complaints and/or objective findings since the most recent electro diagnostic study was performed. Additionally, it is unclear how the currently requested electro diagnostic testing will change the patient's current treatment plan as the patient has already undergone interventional procedures such as epidural steroid injections. In the absence of clarity regarding those issues, the currently requested NCV of the right lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for repeat NCV of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication of any worsening of the patient's subjective complaints and/or objective findings since the most recent electro diagnostic study was performed. Additionally, it is unclear how the currently requested electro diagnostic testing will change the patient's current treatment plan as the patient has already undergone interventional

procedures such as epidural steroid injections. In the absence of clarity regarding those issues, the currently requested NCV of the left lower extremity is not medically necessary.