

Case Number:	CM15-0137568		
Date Assigned:	07/31/2015	Date of Injury:	02/24/2011
Decision Date:	08/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California

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 55 year old male, who sustained an industrial injury on February 24, 2011, incurring lower back and right knee injuries. He was diagnosed with lumbar disc disease with disc herniation and a medial meniscus tear and osteoarthritis of both knees. He underwent bilateral knee arthroscopic surgery and a right total knee replacement. Other treatment included pain medications, lumbar epidural steroid injection, neuropathic medications, physical therapy, aqua therapy and activity restrictions. Currently, the injured worker complained of constant right knee pain, headaches, lumbar, left sacroiliac and sacral pain. Range of motion of the left and right lower extremities were limited secondary to stiffness and chronic pain. The treatment plan that was requested for authorization included a lower extremity Electromyography and Nerve Conduction Velocity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lower extremity EMG/NCV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the MRI and clinical exam are consistent with radicular symptoms and pain. In addition, a spine surgeon was consulted. The request for an EMG would not change the outcome or intervention and further intervention can be determined by a spine surgeon. The EMG/NCV is not medically necessary.