

Case Number:	CM15-0163769		
Date Assigned:	09/01/2015	Date of Injury:	03/06/2012
Decision Date:	10/06/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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

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 (IW) is a 42 year old male who sustained an industrial injury on 03/06/2012. He reported a knee injury when he slipped on a step landing on his left knee. The injured worker was diagnosed as having a bucket handle tear of the medial meniscus. Treatment to date has included a left knee arthroscopy with continued pain in the knee. A repeat left knee MRI showed scarring without recurrence of meniscal tearing. In a January 2015 visit, the worker was noted to have tenderness in the left knee with normal range of motion bilaterally. He had a slight antalgic gait favoring the left side. A functional rehabilitation program was requested at that time but there is no further notation of what transpired. In July of 2015, a request was made for an electromyogram/nerve conduction velocity of the bilateral lower extremities with the diagnoses of herniated nucleus pulposus L5-S1, Spondylolisthesis L5-S1, and rule out instability. Currently, the injured worker complains of back pain, right leg pain, numbness and weakness. Objective findings were limited range of motion, positive straight leg raise, diminished DTR right ankle. The plan was to request x-rays of the lumbar spine, have electrodiagnostic studies of the bilateral lower extremities, and see the worker in 3 months to discuss surgical options with consideration that the worker is a surgical candidate for fusion. A request for authorization was submitted for: 1. X-ray of lumbar spine; 2. Follow up visit; 3. Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic testing.

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 - Lumbar & Thoracic (Acute & Chronic) chapter under EMGs Low Back-Lumbar & Thoracic (Acute & Chronic) chapter under Nerve conduction studies.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with ongoing left knee pain, worsened with squatting, as well as low back pain and right leg pain per utilization review letter dated 7/21/15 report. The treater has asked for Electromyograph (Emg) And Nerve Conduction Velocity (Ncv) Of Bilateral Lower Extremities on 1/12/15. The request for authorization was not included in provided reports. The patient is s/p left arthroscopic knee repair in 2012 per 1/12/15 report. A second surgical consultation on 10/1/13 "showed blunting of the meniscus which is likely due to a poor meniscectomy." The patient was authorized for a gym membership with personal training per 1/12/15 report. The patient does need ongoing psychological support as he presents with depression secondary to chronic pain per 1/12/15 report. The patient uses Ultracet 37.5 twice daily as needed for pain per 1/12/15 report. The patient's work status is permanently disabled, and permanent and stationary per 1/12/15 report. ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. ODG Guidelines, chapter Low Back - Lumbar & Thoracic (Acute & Chronic) chapter under EMGs (electromyography) states the following: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, none of the progress reports document prior EMG/NCV. The request is noted in progress report dated 1/12/15. The patient has left knee pain, but the utilization review letter dated 7/21/15 also documents low back pain and a positive straight leg raise. The utilization review letter dated 7/21/15 also mentions a lumbar MRI which shows grade one spondylolisthesis at L5-S1 with stenosis. The original lumbar MRI was not included in documentation. Utilization review letter dated 7/21/15 denies request as "claimant has lumbar radiculopathy supported by MRI imaging studies that shows spondylolisthesis as well as support from the physical examination." The treater has asked for EMG/NCV lower extremities. However, ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. Therefore, the requested EMG/NCV of bilateral lower extremities is not medically necessary.

