

Case Number:	CM15-0186925		
Date Assigned:	09/28/2015	Date of Injury:	04/24/2015
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This is a 67 year old male with a date of injury on 4-24-2015. A review of the medical records indicates that the injured worker is undergoing treatment for status post mechanical fall, mandibular fracture, status post open reduction internal fixation, left hip degenerative joint disease, L2 transverse process fracture, left ilium fracture and bilateral lower extremity swelling with calf tenderness. According to the progress report dated 8-4-2015, the injured worker had increasing complaints of numbness and burning in the feet bilaterally. He also complained of jaw pain and left hip-groin pain rated 7 out of 10 with medications and 10 out of 10 without medications. Per the treating physician (8-4-2015), the injured worker was temporarily totally disabled. The physical exam (8-4-2015) revealed decreased flexion and extension of the lumbar spine. There was tenderness to palpation over the bilateral greater trochanter and the bilateral calves. Treatment has included diagnostic studies and medications (Norco). The request for authorization dated 8-4-2015 included electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral lower extremities. The original Utilization Review (UR) (8-31-2015) denied a request for electromyography (EMG)-nerve conduction velocity (NCV) of the left and right lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

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 clinician described difficulty in determining difference between upper and lower extremity radiculopathy. Only arthropathy was noted on prior MRI of the lumbar spine. Exam findings did not note any radicular signs or neurological abnormalities that would suggest discrepancies. As a result the request for the EMG /NCV of the left leg is not medically necessary.

EMG/NCV right lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

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 clinician described difficulty in determining difference between upper and lower extremity radiculopathy. Only arthropathy was noted on prior MRI of the lumbar spine. Exam findings did not note any radicular signs or neurological abnormalities that would suggest discrepancies. As a result the request for the EMG /NCV of the right leg is not medically necessary.