

Case Number:	CM15-0190048		
Date Assigned:	10/02/2015	Date of Injury:	11/02/2012
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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 is a 53 year old male, who sustained an industrial injury on 11-2-2012. He reported cumulative trauma type injuries to the low back and bilateral knees. Diagnoses include tear of medial cartilage or meniscus of knee, chondromalacia of patella; status post bilateral knee arthroscopies and status post right knee arthroscopy 2-28-14, and degenerative disc disease of the lumbar spine and lumbar sprain-strain. Treatments to date include activity modification, medication therapy, physical therapy, viscosupplementation injection to bilateral knees, and cortisone injection to the knee. Currently, he complained of intermittent pain in the low back and bilateral knees, right greater than left. On 7-9-15, the physical examination documented pain in the lumbar spine and bilateral knees. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) to bilateral lower extremities. On 8-11-15, low back pain was rated 8 out of 10 VAS with radiation to the right lower extremity. The physical examination documented guarded lumbar range of motion, with diffusely decreased sensation and decreased strength to lower extremities. The appeal requested authorization for nerve conduction studies (NCS) of bilateral lower extremities. The Utilization Review dated 9-15-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for Electrodiagnostics has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, peripheral neuropathy, or entrapment syndrome, only with continued chronic pain with exam findings of limited range without consistent myotomal and dermatomal neurological deficits. Additionally, there is minimal justification for performing nerve conduction studies (NCV) when a patient is presumed to have symptoms on the basis of radiculopathy. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The NCV of right lower extremity is not medically necessary and appropriate.

NCV of left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for Electrodiagnostics has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, peripheral neuropathy, or entrapment syndrome, only with continued chronic pain with exam findings of limited range without consistent myotomal and dermatomal neurological deficits. Additionally, there is minimal justification for performing nerve conduction studies (NCV) when a patient is presumed to have symptoms on the basis of radiculopathy. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The NCV of left lower extremity is not medically necessary and appropriate.