

Case Number:	CM15-0197630		
Date Assigned:	10/13/2015	Date of Injury:	08/22/2014
Decision Date:	12/15/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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, with a reported date of injury of 08-22-2014. The diagnoses include fracture of the left ankle, lumbar disc displacement without myelopathy, left hip sprain and strain, left knee medial meniscus tear, left knee cruciate ligament sprain, and left ankle sprain and strain. Treatments and evaluation to date have included Acetaminophen, Ibuprofen, Icy Hot, physical medicine, topical compound medications, and acupuncture therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 05-13-2015 showed mild retrolisthesis of L3 on L4 and multilevel disc protrusion; an MRI of the left hip on 08-07-2015 which showed mild osteoarthritic changes of the left hip joint and spondylosis of the lumbar spine; and an MRI of the left knee on 08-06-2015 which showed mild chondromalacia of the patella and small joint effusion. The progress report dated 08-31-2015 indicates that the injured worker complained of constant lumbar spine pain, constant left hip pain with radiation down his left leg, constant left leg pain, and constant left ankle and foot pain. The objective findings (07-13-2015 to 08-31-2015) include use of a cane; spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to L3 and multifidus; positive Kemp's test on the left; positive left straight leg raise test; positive bilateral Yeoman's; positive Braggard's on the left; decreased left patellar reflex; decreased left Achilles reflex; spasms and tenderness to the left gluteus medius muscle and left tensor fasciae latae muscle; positive left Fabere's test; spasm and tenderness to the left anterior joint line, popliteal fossa and vastus medialis; positive McMurray's test on the left; spasm and tenderness to the left lateral malleolus, left medial malleolus and plantar fascia; and positive left Varus test. The treatment plan included electrodiagnostic testing of the bilateral lower extremities due to radicular complaints. The injured worker was declared temporarily totally disabled until 10-31-2015. The treating physician requested an EMG (electromyography)

of the bilateral lower extremities and a NCV (nerve conduction velocity) of the bilateral lower extremities. On 09-10-2015, Utilization Review (UR) non-certified the request for an EMG (electromyography) of the bilateral lower extremities and a NCV (nerve conduction velocity) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute and Chronic), Electromyography.

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. This claimant was injured over a year ago. There was a fracture of the left ankle, lumbar disc displacement without myelopathy, left hip sprain and strain, left knee meniscal tear, and left ankle sprain and strain. There was a positive straight raise, and subjective radiation of pain, but no focal dermatomal neurologic signs noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was not medically necessary.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute and Chronic), Nerve conduction studies (NCS).

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. As shared previously, this claimant was injured over a year ago. There is fracture of the left ankle, lumbar disc displacement without myelopathy, left hip sprain and strain, left knee meniscal tear, and left ankle sprain and strain. There is positive straight raise, and subjective radiation of pain, but no focal dermatomal neurologic signs noted. As noted, electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal or definitive dermatomal signs that might warrant clarification with electrodiagnostic testing. The request was not medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute and Chronic), Nerve conduction studies (NCS).

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. As noted previously, this claimant was injured over a year ago. There is fracture of the left ankle, lumbar disc displacement without myelopathy, left hip sprain and strain, left knee meniscal tear, and left ankle sprain and strain. There is positive straight raise, and subjective radiation of pain, but no focal dermatomal neurologic signs noted. Once again, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was not medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute and Chronic), Electromyography.

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. This claimant was injured over a year ago. There is fracture of the left ankle, lumbar disc displacement without myelopathy, left hip sprain and strain, left knee meniscal tear, and left ankle sprain and strain. There is positive straight raise, and subjective radiation of pain, but no focal dermatomal neurologic signs noted. As previously discussed, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was not medically necessary.