

Case Number:	CM15-0020401		
Date Assigned:	02/10/2015	Date of Injury:	10/03/2013
Decision Date:	03/30/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/03/2015

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: Internal 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 65 year old male who sustained an industrial injury on 10/03/2013. Current diagnosis includes spinal stenosis in cervical region. Previous treatments included medication management, aspen cervical brace, and cervical fusion on 01/21/2015. Report dated 01/16/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the upper extremities. Physical examination was positive for abnormal findings. Utilization review performed on 02/03/2015 non-certified a prescription for bilateral lower extremity EMG/NCV and orthopedic specialist consultation to the left thigh, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic specialist consultation to the left thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The primary treating physician's progress report dated 11/5/14 documented that the patient complained of left leg pain. No abnormal physical examination findings of the left thigh were noted. The MRI magnetic resonance imaging of the left thigh report dated 12-06-2014 documented an unremarkable MRI of the left thigh, with no evidence of fracture, focal masses, thigh musculature abnormalities. Because no abnormalities of the left thigh were noted on physical examination or MRI, the request for an orthopedic specialist consultation for the left thigh is not supported. Therefore, the request for orthopedic specialist consultation is not medically necessary.

Bilateral lower extremity EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. <http://www.guideline.gov/content.aspx?id=38438>. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). Work Loss Data Institute. Low back -- lumbar & thoracic (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Dec 4. <http://www.guideline.gov/content.aspx?id=47586>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. Nerve conduction velocity (NCV) and Electromyography (EMG) of the lower extremities were performed dated 2/17/14. A normal nerve conduction study was noted. Abnormal electromyography indicating bilateral L5-S1 radiculopathy was noted. The primary treating physician's progress report dated 11/5/14 documented a diagnosis of lumbar radiculopathy. The patient had subjective complaints of low back pain radiating to bilateral legs with numbness, tingling, and weakness. The patient complained of left leg pain. Straight leg raise causes pain. Left anterior thigh tenderness was noted. No motor or sensory deficits of the lower extremity were noted. Per ACOEM, EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. The request for electromyography (EMG) and nerve conduction velocity (NCV) is not supported by MTUS, ACOEM, ODG, or Work Loss Data Institute guidelines. Therefore, the request for bilateral lower extremity electromyography (EMG) and nerve conduction velocity (NCV) is not medically necessary.