

Case Number:	CM15-0086510		
Date Assigned:	05/08/2015	Date of Injury:	04/12/2013
Decision Date:	06/30/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 31 year old female who sustained an industrial injury on 4/12/13. The injured worker was diagnosed as having right knee bursitis, right knee patellofemoral syndrome, right knee degenerative joint disease and lumbar sprain/strain. Currently, the injured worker was with complaints of pain in the right knee and lower back. Treatment has included hot/cold pack, oral muscle relaxants, analgesics, activity modification, acupuncture treatment, physical therapy, chiropractic treatments, oral pain medication, and steroid injections. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for Electromyography and a Nerve Conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-4, 309.

Decision rationale: Electromyography (EMG) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles. Criteria for its use is very specific. The EMG test will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has been diagnosed with low back strain. There are no signs or symptoms consistent with a neuropathy and the exam is not equivocal. Considering all the above there is no indication to perform this test on the left lower extremity. Medical necessity has not been established. The request is not medically necessary.

NCS Right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

Decision rationale: Nerve Conduction Velocity (NCV) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for its use is very specific. The NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has been diagnosed with low back strain. There are no signs or symptoms consistent with a neuropathy and the exam is not equivocal. Considering all the above there is no indication to perform this test on the right lower extremity. Medical necessity has not been established. The request is not medically necessary.

NCS Left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

Decision rationale: Nerve Conduction Velocity (NCV) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for its use is very specific. The NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has been diagnosed with low back strain. There are no signs or symptoms consistent with a neuropathy and the exam is not equivocal. Considering all the above there is no indication to perform this test on the the left lower extremity. Medical necessity has not been established. The request is not medically necessary.

EMG Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-4, 309.

Decision rationale: Electromyography (EMG) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles. Criteria for its use is very specific. The EMG test will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has been diagnosed with low back strain. There are no signs or symptoms consistent with a neuropathy and the exam is not equivocal. Considering all the above there is no indication to perform this test on the right lower extremity. Medical necessity has not been established. The request is not medically necessary.