Case Number:	CM14-0116466		
Date Assigned:	08/04/2014	**Date of Injury:**	09/10/2010
Decision Date:	10/06/2014	**UR Denial Date:**	07/14/2014
Priority:	Standard	**Application Received:**	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 63-year-old female who has submitted a claim for left knee/leg sprain, MRSA with recurrent folliculitis of bilateral thigh, ligamentous low back pain with left radiculopathy, left thumb radial styloid tenosynovitis, left knee prepatellar bursitis, and depressive disorder associated with an industrial injury date of 9/10/2010. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity. Patient likewise reported left knee pain. Physical examination of the lumbar spine showed moderate spasm, tenderness, and restricted motion. No other physical examination findings were noted based on the most recent progress reports submitted. MRI of the lumbar spine, dated 7/18/2007, demonstrated a 4-mm disc protrusion at L3 to L4, 4-mm disc protrusion at L4 to L5, and 3-mm disc protrusion at L5 to S1 level. EMG/NCV of bilateral lower extremities from 2007 demonstrated an acute L5 to S1 discopathy with mild sensory neuropathy. Treatment to date has included lumbar epidural steroid injections, physical therapy, and medications. Utilization review from 7/14/2014 denied the request for EMG/NCV of the upper and lower extremities because of limited documentation of neurological symptoms, physical examination findings and differential diagnosis; denied MRI of the right knee because of no documented differential diagnoses or detailed examination to clarify the requested study; and denied MRI of the low back because of no documented red flag findings, physical findings, or other rationale to support MRI exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/ Nerve Conduction Velocity of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 536; 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, there were no subjective complaints or objective findings pertaining to the neck or right upper extremity to support the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for an electromyography/nerve conduction velocity of right upper extremity is not medically necessary.

Electromyography/ Nerve Conduction Velocity of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 537; 261-262. Decision based on Non-MTUS Citation X Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases,

electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, there were no subjective complaints and objective findings pertaining to the neck or left upper extremity to support the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for an electromyography/nerve conduction velocity of left upper extremity is not medically necessary.

Electromyography/ Nerve Conduction Velocity of 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. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain radiating to the left lower extremity. However, there is no recent comprehensive physical examination to support the request. There was no evidence of pain radiation to the contralateral extremity. The medical necessity cannot be established due to insufficient information. Therefore, request for electromyography/nerve conduction velocity of the right lower extremity is not medically necessary.

Electromyography/ Nerve Conduction Velocity of 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. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) X Other Medical Treatment Guideline or

Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain radiating to the left lower extremity. However, there is no recent comprehensive physical examination to support the request. The medical necessity cannot be established due to insufficient information. Therefore, request for electromyography/nerve conduction velocity of the left lower extremity is not medically necessary.

Magnetic Resonance Imaging of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, MRI

Decision rationale: As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include significant trauma to the knee, suspect dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, progress report from 2013 showed a history of left knee prepatellar bursitis. Patient complained of persistent left knee pain. However, there were no subjective complaints and objective findings pertaining to the right knee to support the request for MRI. There is no documented surgical plan for this patient. No clear indication is presented for imaging study. Therefore, the request MRI of the right knee is not medically necessary.

Magnetic Resonance Imaging of low back: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain radiating to the left lower extremity. However, there is no recent comprehensive physical examination to support the request. The medical necessity cannot be established due to insufficient information. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. There is no surgical treatment plan for this patient. Therefore, the request for MRI of the lumbar spine is not medically necessary.