MAXIMUS Federal Services

Case Number:	CM14-0137607		
Date Assigned:	09/05/2014	Date of Injury:	09/10/2013
Decision Date:	10/09/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 45-year-old female who reported an injury on 09/10/2013. The mechanism of injury was not provided. On 08/14/2014, the injured worker presented with complaints of pain to the left hip. Upon examination of the left hip, there was no swelling or deformity. There was tenderness to palpation to the greater trochanter and no pain with range of motion. There was 5/5 strength in the FHL, EHL, tibialis anterior, peroneals, gastroc, quadriceps, and hip flexors. There was normal sensation and deep tendon reflexes. X-ray of the left hip revealed evidence of degenerative changes with mild acetabular osteoarthritis. An MRI of the left hip dated 07/24/2014 noted minimal spurring of the left hip without acute osseous tendinitis or labral abnormality. The diagnoses were left hip trochanteric bursitis, left hip osteoarthritis, and lumbar radiculopathy. Prior therapy included physical therapy, home therapy, and ice therapy. The provider recommended an EMG/NCS of the bilateral lower extremities. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 and 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an EMG of the bilateral lower extremities is not medically necessary. According to California MTUS/ACOEM Guidelines, electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting for more than 3 to 4 weeks. There was a lack of neurological deficits pertaining to the lower spine documented. The clinical note revealed 5/5 strength, normal sensation, and normal deep tendon reflexes. More information is needed to address the results of a positive straight leg raise. There is lack of documentation of the injured worker's initial failure to respond to conservative treatment, to include physical therapy and medications. As such, medical necessity has not been established.

NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179 and 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCV.

Decision rationale: The request for NCS of the bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. There is lack of documentation of the injured worker's failure to respond to conservative treatment, to include physical therapy and medication management. Furthermore, the guidelines do not recommend an NCS of the lower extremities. As such, the request is not medically necessary.