

Case Number:	CM15-0005858		
Date Assigned:	01/26/2015	Date of Injury:	07/27/2013
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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 26 year old male who sustained an industrial injury, reported on 7/27/2013. He has reported low back, right knee and left ankle pain. The diagnoses have included lumbar sprain/strain; left ankle tear; left plantar fasciitis; right knee pain secondary to antalgic gait; and morbid obesity. Treatments to date have included consultations; diagnostic and imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and off work. On 1/6/2015 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/17/2014; electromyogram and nerve conduction velocity studies to the right lower extremity - outpatient. The ACOEM Guidelines for low back disorders, ankle and foot disorders; and non-Medical Treatment Utilization Schedule recommendations, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG (electromyography)/NCV (nerve conduction velocity) of the right lower extremity as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): <https://www.acoempracguides.org/> Ankle and Foot; Table 2, Summary of Recommendations, Ankle and Foot Disorders.. Decision

based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator- AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Chapter, Nerve conduction studies (NCS) section

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The medical records indicate that the injured worker has injuries and symptoms that affect bilateral lower extremities. There are only findings suggestive of focal neurologic dysfunction that may be due to low back injury affecting the left lower extremity. Medical necessity of these studies for the right lower extremity have not been established within the recommendations of the MTUS Guidelines and the ODG. The request for One EMG (electromyography)/NCV (nerve conduction velocity) of the right lower extremity as an outpatient is determined to not be medically necessary.