

Case Number:	CM15-0110425		
Date Assigned:	06/17/2015	Date of Injury:	04/17/2012
Decision Date:	07/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 04/17/2012. Mechanism of injury occurred while working as a body shop specialist. Diagnoses include degenerative joint disease of the left knee; status post left knee replacement. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, and injections. A Magnetic Resonance Imaging of the lumbar spine done on 04/20/2015 showed status post transpedicular fusion of L4-5 which creates artifact. There is grade 1 anterolisthesis presents with disk bulge resulting in a middle bilateral foraminal narrowing. At L4-5 there is mild disk bulge with small posterior annular tear with facet arthropathy. There is no significant stenosis. A physician progress note dated 05/27/2015 documents the injured worker has continued back pain and paresthesias in both feet. On examination there is tenderness at the lumbosacral area. Straight leg raising test is somewhat equivocal bilaterally. He has a gross motor deficit that could be detected with this visit. There is diminished sensation through the feet and reflexes are diminished and symmetrical. The physician is concerned the injured work could have a neuropathy of the feet. A physical therapy progress notes dated 05/12/2015 documents he is have decreased range of motion of the left knee and is limited by pain. He continues to experience abnormal joint effusion and edema on the left lower extremity and knee after 1 year of surgery. He is having severe underlying spinal condition experiencing pain in the left leg and knee. The treatment plan includes Tramadol and Gabapentin. Treatment requested is for EMG of bilateral lower extremities, and NCV of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremities Qty. 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, Electrodiagnostics, page 309.

Decision rationale: The patient has continued chronic pain for this 2012 injury involving the low back and knee s/p surgical intervention with knee replacement and one level lumbar fusion. There is no progressive neurological deficits defined or conclusive imaging identifying correlating neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. Submitted reports have not demonstrated any correlating symptoms and clinical findings, but only with continued chronic diffuse pain without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG of bilateral lower extremities is not medically necessary or appropriate.

NCV of bilateral lower extremities Qty 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: The patient has continued chronic pain for this 2012 injury involving the low back and knee s/p surgical intervention with knee replacement and one level lumbar fusion. There is no progressive neurological deficits defined or conclusive imaging identifying correlating neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. Submitted reports have not demonstrated any correlating symptoms and clinical findings, but only with continued chronic diffuse pain without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The NCV of bilateral lower extremities Qty 2.00 is not medically necessary or appropriate.