

Case Number:	CM15-0176054		
Date Assigned:	09/17/2015	Date of Injury:	07/23/2013
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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 35 year old female, who sustained an industrial injury on 7-23-2013. The injured worker was diagnosed as having lumbago and knee pain-leg joint. Treatment to date has included diagnostics, left knee surgery 3-10-2015, psychological evaluation in 6-2015, functional restoration program evaluation (6-2015), physical therapy, and medications. On 6-10-2014, the injured worker complained of pain in her left knee and low back. Objective findings noted motor 5 of 5 and sensory intact. She had pain upon palpation in the low back, over the lumbar paraspinal muscles and she "now has a decreased EHL on the left". Her medications included Relafen and Lidoderm patch. It was documented that chiropractic and Relafen were not helping her. Her work status was modified. Per the Request for Authorization (6-17-2014), the treatment plan included outpatient consultation for neurology and electromyogram of the bilateral lower extremities, non-certified by Utilization Review on 8-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient consultation to neurology: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-

MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: The patient presents with pain in the lumbar and left knee. The pain radiates to the left leg and painful left knee. The request is for OUTPATIENT CONSULTATION TO NEUROLOGY. The request for authorization is not provided. Physical examination reveals palpation over the lumbar spine elicits pain symptoms. Straight leg raise is positive at L4/5 on the left. Her physical therapy visits have been exhausted, and she mostly received passive modalities. She ices her knee daily. She has tried all medications and has had either side effects or they have not been approved. She currently only takes Advil and Tylenol. Per progress report dated 06/24/15, the patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Treater does not discuss the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested an Outpatient Consultation to Neurology. However, treater does not discuss or explain why this consultation is needed. There is no mention of any neurological symptoms, disorders or complications. Given the lack of documentation, the request does not appear reasonable. Therefore, the request IS NOT medically necessary.

EMG of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter under EMGs (electromyography).

Decision rationale: The patient presents with pain in the lumbar and LEFT knee. The pain radiates to the LEFT leg and painful LEFT knee. The request is for EMG OF BILATERAL LOWER EXTREMITIES. The request for authorization is not provided. Physical examination reveals palpation over the lumbar spine elicits pain symptoms. Straight leg raise is positive at L4/5 on the LEFT. Her physical therapy visits have been exhausted, and she mostly received passive modalities. She ices her knee daily. She has tried all medications and has had either side effects or they have not been approved. She currently only takes Advil and Tylenol. Per progress report dated 06/24/15, the patient is not working. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)',

states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Treater does not discuss the request. Review of provided medical records show no evidence that this patient has had a prior EMG of Bilateral Lower Extremities study done. In this case, the patient continues with pain in the lumbar radiating to LEFT lower extremity and straight leg raise is positive on the LEFT. Given the patient's lower extremity symptoms, EMG study would appear reasonable. However, the patient's lower extremity symptoms are only on the LEFT and not bilaterally. Therefore, the request IS NOT medically necessary.