

Case Number:	CM15-0062234		
Date Assigned:	04/08/2015	Date of Injury:	10/22/2012
Decision Date:	06/03/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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, Arizona

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 46 year old female who sustained an industrial injury on 10/22/12. The injured worker reported symptoms in the back, right groin and right knee. The injured worker was diagnosed as having lumbar spine disc, right knee sprain/strain and right knee medial collateral ligament grade I partial tear. Treatments to date have included injections, acupuncture treatment, activity modifications, and nonsteroidal anti-inflammatory drugs. The injured worker has also undergone multi diagnostic studies to include: MRI of the lumbar spine dated 10/03/2014, which revealed 2.7mm disc herniation causing spinal stenosis at the L3-L4, L4-5, and L5-S1; and an MRI of the right hip and right knee both dated 10/03/2014; Currently, the injured worker complains of pain in the back, right groin and right knee. The plan of care as per the most recent documented progress note 02/17/2015 included Electromyography, Nerve Conduction Velocity and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography).

Decision rationale: Per California MTUS/ACOEM, it is stated that electromyography may be used to identify subtle, focal neurological dysfunction in patients with low back symptoms that last more than three or four weeks. An EMG is not recommended if there is clinically obvious radiculopathy upon examination. Although it was noted that the patient has objective findings of complaints that radiate from the lumbar spine to the right knee with numbness and tingling radiating, exacerbated by sitting, standing, or walking for prolonged periods of time, as well as bending and climbing, the objective findings upon examination on 02/17/2015 did not provide findings indicative of neurological compromise or any type of deficits indicating that the requested EMG or NCV study would be medically necessary and appropriate. The patient did not have any documented decreased sensation and/or weakness, and reflexes were not noted to be hyper or hypo in nature. Moreover, the physician is unclear as to why there would be a medical necessity for the requested electrodiagnostic study, and how it would affect the patient's upcoming treatment plan. Given this information, the requested EMG of the left lower extremity is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Nerve conduction studies (NCS).

Decision rationale: California MTUS/ACOEM does not specifically address nerve conduction studies for the lower extremity to the lumbar spine. However, Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. The referenced guidelines do not recommend nerve conduction studies for the bilateral lower extremities. There is no indication from the information that the patient has significant objective findings upon examination indicating the necessity for electrodiagnostic studies. Moreover, the physician is unclear as to why there would be a medical necessity for the requested electrodiagnostic study, and how it would affect the patient's upcoming treatment plan. For the aforementioned reasons, the requested NCV Left Lower Extremity is not medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Nerve conduction studies (NCS).

Decision rationale: California MTUS/ACOEM does not specifically address nerve conduction studies for the lower extremity to the lumbar spine. However, Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. The referenced guidelines do not recommend nerve conduction studies for the bilateral lower extremities. There is no indication from the information that the patient has significant objective findings upon examination indicating the necessity for electrodiagnostic studies. Moreover, the physician is unclear as to why there would be a medical necessity for the requested electrodiagnostic study, and how it would affect the patient's upcoming treatment plan. For the aforementioned reasons, the requested NCV Right Lower Extremity is not medically necessary.

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

Decision rationale: Per California MTUS/ACOEM, it is stated that electromyography may be used to identify subtle, focal neurological dysfunction in patients with low back symptoms that last more than three or four weeks. An EMG is not recommended if there is clinically obvious radiculopathy upon examination. Although it was noted that the patient has objective findings of complaints that radiate from the lumbar spine to the right knee with numbness and tingling radiating, exacerbated by sitting, standing, or walking for prolonged periods of time, as well as bending and climbing, the objective findings upon examination on 02/17/2015 did not provide findings indicative of neurological compromise or any type of deficits indicating that the requested EMG or NCV study would be medically necessary and appropriate. The patient did not have any documented decreased sensation and/or weakness, and reflexes were not noted to be hyper or hypo in nature. Moreover, the physician is unclear as to why there would be a medical necessity for the requested electrodiagnostic study, and how it would affect the patient's upcoming treatment plan. Given this information, the requested EMG of the right lower extremity is not medically necessary.