

<b>Case Number:</b>	CM15-0063496		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 50-year-old male, who sustained an industrial injury on 5/23/2013. The current diagnoses are chronic left knee pain, multiple muscle atrophy of the left leg, status post arthroscopic surgery, and mild depression. According to the progress report dated 3/5/2015, the injured worker complains of ongoing left knee pain. The current medications are Norco, Tramadol, Wellbutrin, and Lexapro. Treatment to date has included medication management, MRI studies of the left knee, synvisc injection, physiotherapy, and surgical intervention. The plan of care includes MRI of the lumbar spine to rule out lumbar radicular changes and EMG/NCV upper extremities. He has a history of a possible peripheral neuropathy due to diabetes and the requesting physician is trying to evaluate the etiology of his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-3.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 179.

**Decision rationale:** MTUS Guidelines do not support the use of upper extremity electrodiagnostic unless there are neurologic changes suspected in history and exam. There is nothing referring to a cervical or upper extremity problem. It appears that this request may be in error, but requests are not modified in the IME process. Guidelines do not support the request for upper extremity EMG/NCVs and there are no exceptions to justify an exception to Guidelines. The upper extremity electrodiagnostic are not medically necessary.

**MRI- Lumbar Spine without Contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-10.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** MTUS Guidelines support MRI scans when nerve root compromise is suspected or the neurological clinical picture is complex or confusing. The neurological symptoms, atrophy and likely peripheral neuropathy present medical issues that support the requested MRI. This individual meets these Guideline criteria. The request for the lumbar MRI is supported by Guidelines and is medically necessary.