

Case Number:	CM15-0092767		
Date Assigned:	06/22/2015	Date of Injury:	02/21/2002
Decision Date:	07/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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, Hawaii
 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 63 year old male, who sustained an industrial injury on 2/21/02. The mechanism, symptoms experienced and initial diagnosis were not included in the documentation. Treatment to date has included surgical intervention, back and knee braces, orthopedic shoes, medication, heat and cold therapy. Currently, the injured worker complains of pain radiating down his legs bilaterally, especially the left side which included numbness and tingling along the toes. The injured worker also reports difficulty with stairs for both knees and difficulty walking (shuffles). Current diagnoses are internal derangement of bilateral knees, disco genic lumbar condition with scoliosis along the thoracolumbar area and radiculopathy. The injured worker has not worked since the industrial injury. The injured worker has used a back brace and did not find it helpful, he does however use the knee braces at times. Notes dated 10/1/14 and 4/1/15 both state difficulties walking on heel and toes and squatting, straight leg raise causes right buttock pain. There is documentation of gastrointestinal irritation; however also stated in the 10/1/14 and 4/1/15, this has improved. The injured worker continues to experience numbness and tingling in his toes and radiating pain down his legs. A request for EMG/NVC is therefore sought. The anti-inflammatory, Naproxen 550 mg #60, is being requested to help decrease/eliminate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of bilateral lower extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back, EMG/NCV.

Decision rationale: The patient presents with pain raiding down the legs bilaterally, especially the left side which included numbness and tingling along the toes in addition to difficulty with stairs for both knees and difficulty walking (shuffles). The current request is for Electromyography/Nerve Conduction Velocity of bilateral lower extremities. The treating physician states, in a report dated 04/01/15, "He still has numbness along his toes. I requested nerve studies in March for which there does not seem any response. By now, you obviously passed the allowance where you are to intervene, kindly authorize it automatically, mainly nerve studies of the lower extremities at this time. The patient is having radiation of pain down his legs with the calf, especially on the left side with numbness and tingling along the toes indeed." (34-35B) The ACOEM guidelines state, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM is silent on NCV testing of the lower extremities. ODG guidelines state, "Nerve conduction studies (NCS) not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, the treating physician has documented numbness and tingling since 10/01/14 and there has been no functional improvement documented for the patient since that time. Given the fact that neurological dysfunction has been going on for far longer than 3 or 4 weeks, this request falls within the guidelines and as such is medically necessary.

Naproxen 550mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The patient presents with pain raiding down the legs bilaterally, especially the left side which included numbness and tingling along the toes in addition to difficulty with stairs for both knees and difficulty walking (shuffles). The current request is for Naproxen 550mg quantity 60. The treating physician states, in a report dated 04/01/15, "The patient has ongoing difficulty. He is having difficulty with walking. He can walk for 10 minutes and sit 20 minutes with a shuffle. He does not lift anything. He is not doing any chores around the house." (34B) The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the treating physician has not documented any prior use of this medicine. An effort is being made to reduce the patient's pain and increase his ADL's. The current request is medically necessary.