

Case Number:	CM15-0096531		
Date Assigned:	05/26/2015	Date of Injury:	10/27/2008
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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: Internal 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:

This is a 48 year old male with an October 27, 2008 date of injury. A progress note dated April 15, 2015 documents subjective findings (numbness and pain to left buttock and left lower leg; pain with walking; pain when trying to get up from his seat), objective findings (no notable atrophy noted to legs; left buttock with old scars; decreased sensation along left posterior buttock and distally to wound; range of motion intact to left leg), and current diagnoses (left buttock/gluteal chronic wound with sensory disturbances and paresthesias, recurrent/chronic). Treatments to date have included physical therapy and sutures. The treating physician documented a plan of care that included neurologist consultation and nerve conduction testing/electromyogram for the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127. Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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. A referral may be for consultation to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The patient had an occupational injury in 10/27/2008. He developed pain at the site of the wound repair and distally to involve the lower extremity. His complains of pain at the site of the injury and distally radicular pain. The treating physician's progress report dated 04/15/2015 documented a reaggravation. The patient was injured by a pallet, which punctured his buttock. The patient was treated and stitches were given. The patient complains of numbness, pain to walk, and pain when trying to get up from his seat. He had numbness and pain to left buttock and left lower leg. Left buttocks with old scars, decreased sensation along left posterior buttock and distally to wound. The patient has chronic left lower leg paresthesias status post left buttock puncture wound injury from seven years ago. Elavil was prescribed. Neurologist consultation was requested. The medical records indicate that the patient would benefit from the expertise of a neurology specialist. The request for specialty referral and consultation is supported by MTUS, ACOEM, and ODG guidelines. Therefore, the request for a neurologist consultation is medically necessary.

NCT/EMG of the Left Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Update to Chapter 12, Low Back Disorders, and Official Disability Guidelines, Low Back Chapter, EMGs (Electromyography) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Electrodiagnostic testing (EMG/NCS). American Association

of Neuromuscular & Electrodiagnostic Medicine (AANEM)
http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended_Policy_EDX_Medicine_062810.pdf.aspx.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG may be used to clarify nerve root dysfunction. Electromyography (EMG) may be useful to identify subtle focal neurologic dysfunction. Official Disability Guidelines (ODG) Pain (Chronic) indicates that electrodiagnostic testing (EMG/NCS) are recommended depending on indications. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) indicates that electrodiagnostic medicine (EDX) studies can provide information to identify normal and abnormal nerve, muscle, motor or sensory neuron, and neuromuscular junction functioning. The patient had an occupational injury in 10/27/2008. He developed pain at the site of the wound repair and distally to involve the lower extremity. His complains of pain at the site of the injury and distally radicular pain. The treating physician's progress report dated 04/15/2015 documented a reaggravation. The patient was injured by a pallet, which punctured his buttock. The patient was treated and stitches were given. The patient complains of numbness, pain to walk, and pain when trying to get up from his seat. He had numbness and pain to left buttock and left lower leg. Left buttocks with old scars, decreased sensation along left posterior buttock and distally to wound. The patient has chronic left lower leg paresthesias status post left buttock puncture wound injury from seven years ago. Elavil was prescribed. Neurologist consultation was requested. NCV and EMG of left lower extremity was requested. The request for electromyography (EMG) and nerve conduction velocity (NCV) studies are supported by ACOEM, ODG, and AANEM guidelines. Therefore, the request for NCV and EMG of left lower extremity is medically necessary.