

Case Number:	CM15-0097476		
Date Assigned:	05/28/2015	Date of Injury:	09/21/2011
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
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:

The injured worker is a 57 year old male, who sustained an industrial/work injury on 9/21/11. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar disc displacement, monoarthritis of knee, unspecified, lumbar spondylosis, lumbago, acquired knee deformity. Treatment to date has included medication, diagnostics, and surgery. MRI results were reported on 9/11/14 that revealed disc desiccation with mild narrowing as well as 2 mm annular disc bulge minimally encroaching on the thecal sac without nerve root encroachment at L1-2, disc desiccation without narrowing, as well as 2 mm annular disc bulge mild encroaching on the thecal sac without nerve root encroachment at L2-3. At T11-12 a 2 mm annular disc bulge encroaches on the thecal sac and mildly on the anterior aspect of the distal spinal cord. Currently, the injured worker complains of low back pain rated 7/10 associated with weakness and numbness in the lower extremities and right knee pain. Per the orthopedic report on 4/20/15, examination noted knee pain to medial side, healed scars, no effusion to knee, full extension and almost full flexion. The requested treatments include EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbar disc protrusion; and right knee osteoarthritis. Documentation shows the injured worker has low back pain that radiates to the bilateral lower extremities with weakness in the right lower extremity and numbness in the left lower extremity. There is no objective unequivocal evidence of radiculopathy according to the physical examination. The March 10, 2015 progress note states the neurologic evaluation was within normal limits. As a result, there is no objective evidence of radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Nerve conduction studies are not clinically indicated, however EMGs are clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary.