

Case Number:	CM15-0098342		
Date Assigned:	05/29/2015	Date of Injury:	08/14/2014
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 51-year-old male sustained an industrial injury on 8/14/14. He subsequently reported right hip and right lower extremity pain. Diagnoses include right hip joint pain. Treatments to date include x-ray testing, modified work duty, chiropractic care and prescription pain medications. The injured worker continues to experience right hip pain. Upon examination, tenderness to palpation of the right greater trochanter and restricted range of motion of the right hip was noted. A request for EMG for the right lower extremity, EMG for the left lower extremity, NCS for the right lower extremity, NCS for the left lower extremity and MRI for the right hip was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, EMG/NCS.

Decision rationale: ODG gives the following guidance on when to order EMG/NCS: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards: (1) EDX testing should be medically indicated. (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either: (a) performed directly by a physician; or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography, needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. Regarding this patient's case, he has had chronic hip pain since a 8/2014 injury. He has previously had X-rays performed that did not reveal a explanation for his pain. This patient does have tenderness and decreased range of motion. He has also been noted to have right lower extremity weakness. This patient's neurological symptom of right lower weakness requires further evaluation as he has filed extensive conservative measures (including physical and chiropractic therapy). An EMG/NCS is considered medically necessary at this time. A study of both lower extremities has been requested. It is often recommended that both extremities have the test performed so that there can be a point of comparison between the two extremities. Again, the bilateral lower extremity EMG/NCS is considered medically necessary, and is in accordance with ODG guidelines.

EMG for the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, EMG/NCS.

Decision rationale: ODG gives the following guidance on when to order EMG/NCS: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards: (1) EDX testing should be medically indicated. (2) Testing should be performed using EDX equipment

that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either: (a) performed directly by a physician; or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography, needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. Regarding this patient's case, he has had chronic hip pain since a 8/2014 injury. He has previously had X-rays performed that did not reveal a explanation for his pain. This patient does have tenderness and decreased range of motion. He has also been noted to have right lower extremity weakness. This patient's neurological symptom of right lower weakness requires further evaluation as he has filed extensive conservative measures (including physical and chiropractic therapy). An EMG/NCS is considered medically necessary at this time. A study of both lower extremities has been requested. It is often recommended that both extremities have the test performed so that there can be a point of comparison between the two extremities. Again, the bilateral lower extremity EMG/NCS is considered medically necessary, and is in accordance with ODG guidelines.

NCS for the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, EMG/NCS.

Decision rationale: ODG gives the following guidance on when to order EMG/NCS: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards: (1) EDX testing should be medically indicated. (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either: (a) performed directly by a physician; or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision

means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography, needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. Regarding this patient's case, he has had chronic hip pain since a 8/2014 injury. He has previously had X-rays performed that did not reveal a explanation for his pain. This patient does have tenderness and decreased range of motion. He has also been noted to have right lower extremity weakness. This patient's neurological symptom of right lower weakness requires further evaluation as he has filed extensive conservative measures (including physical and chiropractic therapy). An EMG/NCS is considered medically necessary at this time. A study of both lower extremities has been requested. It is often recommended that both extremities have the test performed so that there can be a point of comparison between the two extremities. Again, the bilateral lower extremity EMG/NCS is considered medically necessary, and is in accordance with ODG guidelines.

NCS for the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, EMG/NCS.

Decision rationale: ODG gives the following guidance on when to order EMG/NCS: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards: (1) EDX testing should be medically indicated. (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either: (a) performed directly by a physician; or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography, needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is

appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. Regarding this patient's case, he has had chronic hip pain since a 8/2014 injury. He has previously had X-rays performed that did not reveal a explanation for his pain. This patient does have tenderness and decreased range of motion. He has also been noted to have right lower extremity weakness. This patient's neurological symptom of right lower weakness requires further evaluation as he has filed extensive conservative measures (including physical and chiropractic therapy). An EMG/NCS is considered medically necessary at this time. A study of both lower extremities has been requested. It is often recommended that both extremities have the test performed so that there can be a point of comparison between the two extremities. Again, the bilateral lower extremity EMG/NCS is considered medically necessary, and is in accordance with ODG guidelines.

MRI for the right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 online edition, MRI Hip.

Decision rationale: ODG 2015 online edition. MRI Hip. Indications for imaging, Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, and Tumors. Regarding this patient's case, he has had chronic hip pain since a 8/2014 injury. He has previously had X-rays performed. This patient does have tenderness and decreased range of motion. His neurological exam is normal. He has failed conservative measures, including extensive physical and chiropractic therapy. This request for an MRI is considered medically necessary at this time.