

Case Number:	CM13-0045296		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2010
Decision Date:	03/06/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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: Indiana

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 43 year old male, who sustained an industrial injury on June 24, 2010 while working as a cook. He reported a lumbar spine injury and bilateral knee injuries. The diagnoses include a right lumbosacral strain, right lumbosacral radiculopathy, myofascial pain, bilateral knee pain and internal derangement of the right knee. Treatment to date has included pain medications, diagnostic testing, chiropractic care, physical therapy and psychiatric evaluations. The injured worker also underwent a left knee partial meniscectomy on April 4, 2012 which was not very helpful for the pain. Currently, the IW complains of pain in the lumbar spine with radiation down the right lower extremity and some intermittent numbness and tingling affecting the right leg. The injured worker was noted to participate in a home exercise program. Medications include Naproxen for inflammation, Omeprazole for stomach prophylaxis, Neurontin for paresthesia, Tramadol for pain and Flexeril for spasms. The treating physician requested an electromyography of the bilateral lower extremities and bilateral nerve conduction velocity studies of the bilateral lower extremities to rule out peripheral neuropathy versus lumbosacral radiculopathy. Utilization Review evaluated and modified the requests on November 1, 2013. The electromyography of the right lower extremity was authorized and the other requests were denied. The MTUS and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ACOEM recommends "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The treating physician is trying to distinguish radiculopathy from a peripheral nerve issue. Therefore, the request for an EMG of the left lower extremity is medically necessary.

NCS (NERVE CONDUCTION STUDIES) RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician is trying to distinguish radiculopathy from a peripheral nerve issue, but according to the guidelines cited above, a NCV is not the best test. Therefore, the request for an NCV of the right lower extremity is not medically necessary.

NCV (NERVE CONDUCTION VELOCITY) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious."The treating physician is trying to distinguish radiculopathy from a peripheral nerve issue, but according to the guidelines cited above, a NCV is not the best test. Therefore, the request for an NCV of the left lower extremity is not medically necessary.