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| Case Number: | CM13-0015525 | | |
| Date Assigned: | 10/08/2013 | Date of Injury: | 01/21/2012 |
| Decision Date: | 06/17/2014 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported with an injury sustained on 01/21/2012. The mechanism of injury was noted as a fall. The clinical note dated 07/22/2013, reported that the injured worker complained of low back, buttocks, sacrum and coccyx region pain with pain radiation down his right lower extremity to his foot. The physical examination findings reported the injured worker's right knee demonstrated extension to 0 degrees and flexion 'easily past' 90 degrees. The injured worker's diagnoses included lumbar strain, right knee status post subtotal meniscectomy with chondromalacia, right knee complex medial meniscus tear, left knee sprain arthroscopy 2006, chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, office visits.

Decision rationale: The injured worker complained of low back, buttocks, sacrum and coccyx region pain with right lower extremity radiation down to his foot. It was also noted the injured worker's right knee demonstrated extension to 0 degrees and flexion 'easily past' 90 degrees. According to the Official Disability Guidelines an office visit is recommended to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The rationale for a neurology consultation is unclear. There is a lack of clinical information provided indicating neurological deficit which would warrant the need for a neurology consultation. Therefore, the request for neurology consultation is not medically necessary and acceptable.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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, Electrodiagnostic Studies (EDS).

Decision rationale: The injured worker complained of low back, buttocks, sacrum and coccyx region pain with right lower extremity radiation down to his foot. It was also noted the injured worker's right knee demonstrated extension to 0 degrees and flexion 'easily past' 90 degrees. ACOEM states EMG is recommended for the detection of physiologic abnormalities if the injured worker has no improvement after 1 month in order to clarify nerve root dysfunction. Per the Official Disability Guidelines EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious. The rationale for an EMG of the bilateral lower extremities is unclear. There is a lack of documentation indicating physical examination findings indicative of radicular pain. Therefore, the request for Electromyography (EMG) of the bilateral lower extremities is not medically necessary and appropriate.

NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of low back, buttocks, sacrum and coccyx region pain with right lower extremity radiation down to his foot. It was also noted the injured

worker's right knee demonstrated extension to 0 degrees and flexion 'easily past' 90 degrees. According to the Official Disability Guidelines nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The rationale for an NCV of the bilateral lower extremities is unclear. NCVs are generally performed when there is evidence of peripheral neuropathy; there is a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. Therefore, the request for Nerve Conduction Study (NCS) of the bilateral lower extremities is not medically necessary and appropriate.