

Case Number:	CM13-0007336		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2006
Decision Date:	03/07/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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 physician 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:

This claimant is a 60 year old man with chronic low back and left foot pain. He was injured 1/5/2006. MRI of the left foot showed mild osteoarthritic changes of the 1st MTP joint. MRI of the ankle revealed a subchondral cysts in the talus, mostly likely degenerative. He had a disproportionate fatty atrophy of the abductor hallucis muscle. He has a burning sensation in the ball of his foot. [REDACTED] is requesting neurodiagnostic studies of the bilateral lower extremities and functional capacity evaluation. Functional Capacity Evaluation (FCE), was requested in order to expedite return to work status and provide permanent work restrictions to return him to work without further aggravation of his injuries. Neurodiagnostic studies were requested in order to rule out peripheral nerve entrapment as well as tarsal tunnel syndrome since the patient is complaining of numbness, tingling and weakness in his left foot. He had electrodiagnostic evaluation on 8/7/13 of the bilateral lower extremities to rule out lumbar radiculopathy vs. entrapment neuropathy when he presented with back pain radiating to the left foot, along with numbness in the left foot and weakness in the left leg. Findings were consistent with chronic right S1 radiculopathy. No correlation was established between symptoms of entrapment neuropathy and the electrodiagnostic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) testing: 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),Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: 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. There is no mention of EMG for evaluation of the foot and ankle in MTUS or in the Official Disability Guidelines. He already had neurodiagnostic testing of the lower extremity already, in 8/2013, and it did not reveal the cause of his symptoms. Further testing is not likely to be diagnostic. The request is not certified.

Nerve Conduction Study (NCS) testing: 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),Electrodiagnostic testing.

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 complaints, Nerve conduction studies.

Decision rationale: There is no mention of nerve conduction studies for evaluation of the foot and ankle in MTUS or in the Official Disability Guidelines. In regards to the low back, ODG does not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013). Furthermore, he already had neurodiagnostic testing of the lower extremity already, in 8/2013, and it did not reveal the cause of his symptoms. Further testing is not likely to be diagnostic. The request is not certified.

Functional Capacity Evaluation (FCE): 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), FCE performance.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and

Management Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Functional capacity evaluations.

Decision rationale: Per ACOEM Guidelines, one may consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Although the FCE can be a useful tool to assist in the return to work process, there is not enough information in this case file to show that this claimant meets the suggested criteria for performing an FCE. More information is needed about the job to which he is returning, and prior attempts to return to work. There is no indication that suggested restrictions have been inappropriate or not accepted by the workplace. With the information that is available, The request is not certified.