MAXIMUS Federal Services

Case Number:	CM13-0020987		
Date Assigned:	10/11/2013	Date of Injury:	06/26/2009
Decision Date:	01/28/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine & Rehabilitation has a subspecialty in and is licensed to practice in Oklahoma and 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 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:

The patient reported an injury on 06/26/2009 due to a trip and fall. The patient was conservatively treated with activity modification and medications. The patient underwent an electrodiagnostic study in 2010 that identified no abnormalities. A CT scan revealed evidence of an ankle sprain. The patient developed symptoms consistent with complex regional pain syndrome. The patient's most recent clinical exam findings included decreased sensation in the L5 and S1 dermatomes on the right side and 3 to 4+ lateral pain of the right ankle with cool discoloration and swelling, dysesthesias, nail changes and atrophy. The patient's diagnoses included right ankle sprain and complex regional pain syndrome. The patient's treatment plan included an EMG and NCV of the bilateral lower extremities and a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The requested EMG for the bilateral lower extremities is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has radicular symptoms. The American College of Occupational and Environmental Medicine recommends electromyography studies when radicular symptoms are not clearly evident. The clinical documentation submitted for review does provide evidence that the patient has L5 and S1 dermatomal sensational disturbances on the right side. Additionally, the patient has a positive straight leg raise test. As the patient's radicular symptoms are clinically evident, an EMG would not be supported by guideline recommendations. As such, the requested EMG for the bilateral lower extremities is not medically necessary or appropriate.

NIPP stimulator, low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 38.

Decision rationale: The requested NIPP stimulator for the low back is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has complex regional pain syndrome of the right lower extremity. It is also documented that the patient has failed to respond to conservative measures. However, the California Medical Treatment Utilization Schedule recommends spinal cord stimulator placement for patients with complex regional pain syndrome be supported by a psychological assessment and a clinical trial. The clinical documentation submitted for review does not provide any evidence of a psychological assessment to determine the potential efficacy of a spinal cord stimulator placement. Additionally, there was no documentation significant objective increased related to a spinal cord stimulator trial. As such, the requested NIPP stimulator for the low back is not medically necessary or appropriate.