

<b>Case Number:</b>	CM13-0071595		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 61-year-old male with a date of injury of 11/26/2002. Per the treating physician's report identified as "team meeting" on 12/11/2013, the request was for electrodiagnostic studies of the bilateral lower extremities as well as repeat computerized tomography (CT) scan of the right foot/ankle, and a request for an Arizona-style brace for the patient's foot. A primary treating physician's report, dated 11/22/2013, indicated continued pain of the right ankle, low back, left leg, at an intensity of 8/10 without medications and 6/10 with medications; aggravated by sitting, standing, walking, bending, lifting; and alleviated by lying down, medication, physical therapy. Voltaren gel and tramadol have been helpful. The patient was seen by [REDACTED] for a qualified medical evaluation on 11/11/2013, where a repeat CT scan of the right foot and ankle was recommended. An examination showed a healed surgical scar medial and lateral malleoli of the right ankle, deformity of the right foot, limited range of motion, and tenderness over the right subtalar joint. The listed diagnoses are: 1. Right ankle injury, tendon tear, status post repair; 2. Status post multiple surgeries of the right ankle including right ankle fusion; and 3. Low back pain, degenerative disk disease, discogenic pain, spondylolisthesis L4 on L5, dorsal annular tear at L4-L5, mild spinal stenosis at L4-L5. The request was also for electrodiagnostic studies of both lower extremities to rule out lumbar radiculopathy versus left meralgia paresthetica, due to the patient's low back and left thigh numbness and radiating pain down the left lower extremity. An MRI of the lumbar spine from 12/03/2012 reads degenerative disk diseases from L3 to S1, severe right L3 and bilateral L4-L5 facet degenerative disease, right dorsolateral annular fissure at L4-L5. An MRI report for the right ankle from 12/03/2012 showed status post talonavicular and a calcaneocuboid arthrodesis with solid bridging bone, attempted arthrodesis of the posterior subtalar joint with failure of bone

incorporation, and 5-mm anterolateral talar dome osteochondral lesion with focal subchondral marrow edema. An agreed medical exam (AME) report dated 11/23/2013 indicates future medical care, that pain control should be the mainstay, possible epidural steroid injection, medications would be adequate, and in the future, the patient may want to consider the previously declined surgical procedure, a below-knee amputation. The requests were denied according to a utilization review letter dated 12/17/2013. The rationale of the denial of the CT scan was that the patient had prior CT scan that showed incomplete union of the right subtalar joint. For electromyography/nerve conduction velocity (EMG/NCV) studies, partial certification was recommended for the left lower extremity only given that the patient did not have any symptoms on the right side.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **REPEAT COMPUTERIZED TOMOGRAPHY (CT) SCAN OF RIGHT FOOT/ANKLE: 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-TWC, Ankle & Foot Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Guidelines (<http://www.odg-twc.com/odgtwc/neck.htm#Gross2>).

**Decision rationale:** This patient presents with chronic right ankle and foot pain, and multiple surgeries in the past. The request is for a repeat computerized tomography (CT) scan of the right ankle and foot per treating physician who references recommendation by an agreed medical exam (AME). A review of the reports does not provide a rationale for obtaining a CT scan. The treating physician gave reference to the AME. The AME report from 11/23/2013 does not discuss repeating a CT scan, but recommends pain management with use of medications and possible epidural steroid injections for the lumbar spine. The AME has allowed for a below the knee amputation if the patient chooses. There may be another report that the treating physician is referencing, but this report and the file was not available for this review. The Official Disability Guidelines support use of a CT scan as it provides excellent visualization of the bone and is used to further evaluate bony masses and suspected fractures, not clearly identified on radiographic evaluation. However, this patient already had a CT scan. There is no additional surgical planning. The patient's poor arthrodesis is well known, and repeat surgery is not in the plans. Recommendation is for denial.

#### **ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES: 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-TWC, Low Back Procedure Summary.

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

**Decision rationale:** This patient presents with persistent low back, left lower extremity pain. The treating physician has asked for electromyography/nerve conduction velocity (EMG/NCV) studies of the lower extremities. An MRI had demonstrated annular tears along with degenerative disk changes only in the lumbar spine. The MTUS/ACOEM Guidelines support EMG studies with H-reflex for evaluation of low back pain. This recommendation does not specify one (1) side or another. It does not specify that pain has to radiate down the lower extremity. Review of the reports does not show that this patient has had prior electrodiagnostic studies. The request is medically necessary.

**NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL LOWER EXTREMITIES:** 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-TWC, Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic and Nerve Conduction Velocity Studies.

**Decision rationale:** This patient presents with low back and left lower extremity pain, particularly numbness around the thigh. The request is for nerve conduction studies of the bilateral lower extremities. The Official Disability Guidelines do not support nerve conduction studies if the radiating symptoms into the legs are presumed to be coming from the lumbar spine. In this case, the radiating symptoms in the lower extremities, particularly the thigh and ankle problems are not presumed to be coming from the lumbar spine. Therefore, nerve conduction studies are reasonable in both lower extremities. The request is medically necessary.