

Case Number:	CM14-0114876		
Date Assigned:	08/04/2014	Date of Injury:	02/13/2013
Decision Date:	10/01/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 medical records reflect the claimant is a 52 female who sustained a work injury on 2-13-13 to the right foot and ankle. The claimant reports worsening low back pain, right foot pain with pain radiating at bilateral hands/arms. The claimant had an injection in the heel per podiatry which provided no help. The claimant has also been treated with physical therapy and medications. Exam on 6-12-14 notes the claimant has diffuse tenderness at the base of plantar fascia right heel, slight swelling, diffuse tenderness in the entire foot and calf, pain at the lumbar spine with spasms. SLR negative bilaterally. There was no decreased sensation or weakness. The claimant has a painful antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lower extremity Nerve Conduction Study RFA #1: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Lumbar spine - diagnostic measures; Official Disability Guidelines (ODG)

Decision rationale: The ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. The ODG reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a lumbar nerve entrapment. Her physical exam does not support a diagnosis of radiculopathy and she has pain that goes up her arms and hands, which are non-dermatomal. Therefore, Right lower extremity Nerve Conduction Study RFA #1 is not medically necessary.