MAXIMUS Federal Services

Case Number:	CM14-0133590		
Date Assigned:	08/27/2014	Date of Injury:	09/04/2013
Decision Date:	12/04/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient sustained a work related injury on 9/4/2013. The mechanism of injury is described as lifting a heavy couch and bar table onto a truck and having his right foot crushed between the lift gate and the back of the truck. Immediately following the injury to his right foot, he underwent suturing of his wounds and multiple hyperbaric oxygen treatments. In 11/2013 he underwent right foot surgery that is described as a partial amputation of his right hallux and right second toe. A skin graft procedure was performed utilizing placenta. The patient has also been having right sided back pain with radiation into the right lower extremity. He describes pain and numbness in his right foot. An MRI was ordered to further evaluate his low back pain complaints in 4/2014. The results are not provided for review. At this same time a bilateral EMG/NCS of the lower extremities was also requested. Documentation indicated that the patient is currently working. A utilization review physician did not certify the request for the bilateral lower extremity EMG and NCS since there is no provided documentation of the patient having failed a one month trial of conservative therapy. Physical therapy was ordered at the same time in April 2014 that the MRI and bilateral EMG/NCS was ordered. No further information is available as to whether or not the patient actually completed physical therapy and whether or not this improved his symptoms. No information that states that the patient had previously undergone conservative treatment with such modalities as physical therapy or medications prior to his evaluation by the requesting physician has been made available for review either. Likewise, an independent medical review of this disputed service (Bilateral lower extremity EMG/NCS) has been requested to determine its medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations: EMGs (electromyography)/Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 33-34.

Decision rationale: California MTUS guidelines state, "Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed." Guidelines go on to state that; "There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment." In this patient's care there is no documentation that has been provided that this patient failed conservative treatment. Likewise, this request for an EMG and NCV of the bilateral lower extremities is not medically necessary.

nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations: EMGs (electromyography)/Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 33-34.

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