

Case Number:	CM14-0154676		
Date Assigned:	09/24/2014	Date of Injury:	02/11/2012
Decision Date:	12/09/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 & 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:

The patient is a 66 year old with an injury date on 2/11/12. Patient complains of low lumbar pain rated 5/10, left foot pain rated 8/10 and pain at the site of amputation (left big toe) per 8/19/14 report. The 3/19/14 report states the pain radiates from the back to the legs, left > right, and that the left big toe gets very hot or cold, and the 7/14/14 report states patient feels the toe is still there. Based on the 8/19/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar disc protrusion 2. lumbar radiculitis 3. Phantom limb pain RSD Exam on 8/19/14 showed "left foot - wound s/p amputation. #1 digit healed well, #2 digit unable to extend." There is a hot sensation and hyperalgesia/allodynia at the area of the scar (left big toe) and negative straight leg raise per 7/14/14 report. Patient's treatment history includes medication (neurontin, protonix, compound creams), aquatic therapy. [REDACTED] is requesting EMG bilateral lower extremities, and NCV bilateral lower extremities. The utilization review determination being challenged is dated 8/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/7/14 to 8/19/14.

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): 303.

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

Decision rationale: This patient presents with lower back pain, left foot pain, pain at amputation site. The treater has asked for EMG BILATERAL LOWER EXTREMITIES on 8/19/14. Patient had an EMG of the bilateral lower extremities on 12/4/12 showing right sided L5 and left sided L4-5 lumbosacral radiculopathy. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. In this case, the treater has asked for EMG lower extremities although one was completed 2 years ago, post left big toe amputation. The patient does have radiating symptoms down the leg, but the treater does not explain why an updated EMG is needed. Routine updates of EMG is not discussed in any of the guidelines. There are no new injury, no new neurologic deficit or significant clinical changes to warrant a new study. The request is not medically necessary.

NCV Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 366-367. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with lower back pain, left foot pain, pain at amputation site. The treater has asked for NCV BILATERAL LOWER EXTREMITIES on 8/19/14. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient has persistent radicular leg symptoms. The treater does not explain why an NCV would be indicated when a prior EMG from 2012 (post left big toe amputation) confirmed right sided L5 and left sided L4-5 lumbosacral radiculopathy. There is no new suspicion for peripheral neuropathy. No new symptoms, new injury or significant change in clinical presentation are described. The request is not medically necessary.