

<b>Case Number:</b>	CM14-0172450		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Occupational Medicine 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 injured worker is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 11, 2012. In a Utilization Review Report dated October 3, 2014, the claims administrator approved a request for lumbar MRI imaging, while denying EMG-NCS testing of the low back. The claims administrator posited that the attending provider had withdrawn a request for electrodiagnostic testing during a teleconference. The applicant's attorney appealed. An October 23, 2014 lumbar MRI imaging was notable for mild-to-moderate bilateral foraminal stenosis at L5-S1 and mild-to-moderate left and mild right foraminal stenosis at L3-L4. In a June 16, 2014 medical-legal evaluation, it was noted that the injured worker had ongoing complaints of low back pain with left-sided sciatic symptoms/left-sided radicular symptoms. Numbness was appreciated about the left thigh. The injured worker had issues with shooting pain about the foot. The injured worker was status post a tarsal tunnel release surgery and a plantar fascia release surgery, it was suggested. A positive Tinel sign was appreciated about the left leg. Flatfeet were noted bilaterally. The attending provider stated that the injured worker's presentation was suggestive of late complex regional pain syndrome involving the right foot superimposed on issues with right tarsal tunnel release surgery. It was stated that the injured worker continued to report symptoms associated with tarsal tunnel syndrome of the right lower extremity. It was stated that the injured worker had issues with heel and toe walking, associated gait antalgia, and might require usage of a cane on an as-needed basis. In a September 10, 2014 progress note, the injured worker reported ongoing complaints of low back and left foot pain. Radiation of low back pain to the left leg and left thigh were appreciated. The injured worker was on Neurontin and hydrocodone. The injured worker had derivative complaints of psychological stress, it was acknowledged. Some discoloration of the left lower extremity was noted. Some hyposensorium was also noted about

the left leg. A visibly antalgic gait was noted with 5/5 lower extremity strength appreciated. MRI imaging and electrodiagnostic testing were sought to evaluate for possible left-sided lumbosacral radiculopathy. The injured worker was kept off of work, on total temporary disability.

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

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

**Electromyography (EMG) and Nerve conduction velocity (NCV) studies of the Lumbar Spine.:** Overturned

**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): 12-8, page 309; Table 14-6, page 377, Chronic Pain Treatment Guidelines CRPS, Diagnostic Criteria Page(s): 37.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to qualify diagnosis of suspected nerve root dysfunction, as is reportedly present here. The injured worker has ongoing complaints of low back pain radiating to the left leg. Lumbar radiculopathy is suspected. A lumbar MRI imaging of October 23, 2014, referenced above, was apparently equivocal and failed to uncover a clear source for the applicant's radicular complaints. Moving forward with electrodiagnostic testing to help definitively establish a diagnosis of radiculopathy is, thus, indicated. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does note that electrical studies for routine foot and ankle problems are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, in this case; however, the injured worker is status post earlier tarsal tunnel release surgery. The injured worker's medical-legal evaluator and/or requesting provider has suggested that the injured worker may have a residual tarsal tunnel syndrome also present here. NCS testing is indicated to further evaluate. Finally, page 37 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the nerve damage associated with complex regional pain syndrome type 2 can be detected by EMG. Page 37 of the MTUS Chronic Pain Medical Treatment Guidelines notes; however, that pain is not necessarily contained to the distribution of nerve damage noted on EMG testing. For all of the stated reasons, this request is medically necessary.