

Case Number:	CM14-0184030		
Date Assigned:	11/10/2014	Date of Injury:	05/14/2008
Decision Date:	12/26/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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, 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 53-year-old male with an injury date of 05/14/2008. Based on the 09/08/2014 progress report, the patient presents with hypertension, gastritis, headaches, constipation, and insomnia. The 09/15/2014 report states that the patient has a lot of pain in his left ankle and foot. He walks with a single crutch. Most of his pain is in the front of the ankle, in the arch of the left foot, and the top of the left foot on the outside (lateral). The patient continues to have pain in his left knee, which increases when he walks. He has a lot of swelling in his left ankle and foot with standing and walking. The patient also has pain in his elbows, right shoulder, both wrists, both hands, neck, and lower back. The patient has decreased light touch sensation on the plantar aspect of the left hallux and toes and on the dorsal aspect of the left hallux, medial foot, lateral foot, and anterior ankle. The patient has increased vibratory sensations in the left lateral foot, the medial foot, and toes. The patient has a positive Tinel's sign with percussion of the right posterior tibial nerve at the level of the medial malleolus. In regards to the right lower extremity, the patient has significant pain with palpation of the Achilles tendon at the insertion into the calcaneus. In regards to the left lower extremity, the patient has pain with palpation of the gastrocnemius muscle, posterior tibial tendon, peroneal tendon, and plantar fascia at the level of the medial tubercle. The patient has severe pain with palpation of the anterior aspect of the ankle capsule which also palpates thickened as compared to the right. The patient has severe pain with palpation of the medial and lateral gutters. The patient also has pain with palpation of the left hamstring at the insertion in the posterior aspect of the knee and also pain with palpation of the popliteal fossa. However, no masses were palpated in this area. He walks with an antalgic gait and uses a single crutch. The 09/19/2014 MRI of the cervical spine revealed the following: 1. Straightening of the cervical spine seen, 2. Disk desiccation is noted at C2-C3 to C6-

C7 levels.3. Mucosal thickening seen in the sphenoid sinus. Correlate clinically, 4.Single level anterior fixation device seen spanning C4 and C5 vertebrae, 5.C3-C7: Focal central disk protrusion with annular tear indenting the thecal sac and spinal cord. Bilateral neuroforaminal narrowing that effaces the left and right C4 exiting nerve roots, 6.C4-C5: Surgically fused. Spinal canal and neuroforaminal are patent, 7.C5-C6: Diffuse disk protrusion effacing the thecal sac. C6 exiting nerve roots are unremarkable, 8.Prominent retrocerebral CSF space is likely a normal variant.The patient's diagnoses include the following: 1.Left ankle synovitis, 2.Left foot and ankle myositis, 3.Left posterior tibial tendonitis, 4. Left peroneal tendonitis, 5.Plantar fasciitis, left. 6. Swelling, bilateral ankles, 7.Achilles tendonitis, right, 8.Capsulitis, left knee. The utilization review determination being challenged is dated 10/29/2014. Treatment reports were provided from 06/04/2014 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT LOWER EXTREMITY 95886: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 09/15/2014 progress report, the patient complains of having pain in his wrists, elbows, both hands, neck, and lower back. The request is for an EMG OF THE RIGHT LOWER EXTREMITY to ascertain the current functional status of the pain of the patient. The 09/30/14 report states that "The patient is having pain radiating from the back and to the leg, calf and into the foot." There is no indication that the patient had any previous EMG studies conducted. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has been complaining of lower back pain as early as 06/18/2014 progress report. Recommendation is for authorization.

EMG LEFT LOWER EXTREMITY 95886: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 09/15/2014 progress report, the patient complains of having pain in his wrists, elbows, both hands, neck, and lower back. The request is for an EMG OF THE LEFT LOWER EXTREMITY to ascertain the current functional status of the pain of the patient. The 09/30/14 report states that "The patient is having pain radiating from the back

and to the leg, calf and into the foot." There is no indication that the patient had any previous EMG studies conducted. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has been complaining of lower back pain as early as 06/18/2014 progress report. Recommendation is for authorization.

NCV RIGHT LOWER EXTREMITY 95886: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: Based on the 09/15/2014 progress report, the patient complains of having in his wrists, elbows, right shoulder, neck, and lower back. The request is for an NCV OF THE RIGHT LOWER EXTREMITY to ascertain the current functional status of the pain of the patient. The 09/30/14 report states that "The patient is having pain radiating from the back and to the leg, calf and into the foot." There is no indication of any prior NCV studies the patient may have had. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this situation, the patient's leg symptoms appear to be coming from the lumbar spine and NCV studies would not recommended per ODG Guidelines. Recommendation is for denial.

NCV LEFT LOWER EXTREMITY 95886: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: Based on the 09/15/2014 progress report, the patient complains of having in his wrists, elbows, right shoulder, neck, and lower back. The request is for an NCV OF THE LEFT LOWER EXTREMITY. There is no indication of any prior NCV studies the patient may have had. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic

testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this situation, NCV studies are not recommended per ODG Guidelines. Recommendation is for denial.