MAXIMUS Federal Services

Case Number:	CM14-0024380		
Date Assigned:	06/11/2014	Date of Injury:	07/26/2013
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 Pain 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:

This is a 54-year-old male patient who reportedly sustained an industrial injury on 07/26/13 while employed as a construction worker. The patient stated he was removing a ceramic tile, which was broken into sharp pieces and was walking by the work area when he stepped on a sharp piece of stroke tactile that went through his shoe, puncturing his right foot and toe. He was evaluated at the emergency room and x-rays were taken which were normal. On 12/20/13, the patient reported frequent pain in his right foot and toe, increased with any kind of weight-bearing or prolonged walking or standing. The patient has not returned to work since August 2013. On physical examination, the patient walked with an antalgic gait pattern with a limp in the right leg. A lumbar spine examination revealed reduced range of motion and decreased lordosis. Reflexes were absent at the bilateral knees and ankles. There was tightness and spasm of the paraspinal musculature. Hypoesthesia was noted at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5 and S1 dermatomal level bilaterally. There was weakness in the big toe dorsiflexors and big toe plantar flexors noted bilaterally. There was facet joint tenderness at L3, L4, and L5 levels bilaterally. Sensation was decreased at the bilateral L2, L3, L4, L5, S1, and right S2. Muscle weakness was noted throughout the bilateral lower extremities. Hip range of motion was reduced. The Trendelenburg test was positive bilaterally. Feet and ankle range of motion was restricted on the right. There was a positive Tinel's for tarsal tunnel on the right. It was recommended that the patient undergo electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities to establish the presence of radiculitis/neuropathy, MRI of the right foot/ankle, orthotic inserts for the bilateral feet, physical therapy for the right foot and ankle, and medications were prescribed including Anaprox 550 mg twice daily for inflammation, Prilosec 20 mg twice daily for gastritis secondary to non-steroidal anti-inflammatory drug (NSAID) intake and Ultram 150 mg one (1) tablet daily for pain. A request

for EMG/NCV of the bilateral lower extremities was modified a utilization review on February 14, 2014, noting that per the CA MTUS guidelines, EMG and H reflex tests are recommended to clarify nerve root dysfunction. Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies while patient is presumed to have symptoms on the basis of radiculopathy. It was noted the patient has progressive symptoms of the bilateral lower extremity only and therefore, partial certification of the request with approval of the EMG of the bilateral lower extremities and non-certification of nerve conduction studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 12/27/13), Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies.

Decision rationale: The Official Disability Guidelines indicate that nerve conduction velocity is "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy... EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, it is noted that the patient sustained an injury on 07/26/13 and reportedly did not receive any treatment prior to consultation on 12/20/13, at which time the patient reported continued complaints of pain in the right foot and toe. There was decreased strength and sensation in the bilateral lower extremities. There is no description of conservative treatment including physical therapy. There are no imaging studies included for review suggesting pathology that would involve nerve root impingement. As guidelines note that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no evidence of prior conservative treatment including physical therapy, and an electromyography (EMG) has been authorized. The nerve conduction studies are not considered medically necessary in this case.

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 12/27/13), Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies.

Decision rationale: The Official Disability Guidelines indicate that nerve conduction velocity is "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy... EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, it is noted that the patient sustained an injury on 07/26/13 and reportedly did not receive any treatment prior to consultation on 12/20/13, at which time the patient reported continued complaints of pain in the right foot and toe. There was decreased strength and sensation in the bilateral lower extremities. There is no description of conservative treatment including physical therapy. There are no imaging studies included for review suggesting pathology that would involve nerve root impingement. As guidelines note that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no evidence of prior conservative treatment including physical therapy, and an electromyography (EMG) has been authorized. The nerve conduction studies are not considered medically necessary in this case.