

Case Number:	CM14-0034260		
Date Assigned:	06/20/2014	Date of Injury:	04/08/2010
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 Emergency Medicine and is licensed to practice in New York. 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 37-year-old female who was injured on April 8, 2010. The patient continued to experience pain in both heels. The physical examination was notable for normal pulses, normal dorsal and digital hair growth, hypersensitivity bilaterally along the L5 and S1 distribution, and 4/5 muscle strength of the anterior tibial muscles bilaterally. Diagnoses included plantar fasciitis and radiculopathy. The treatment included psychiatric sessions, medications, and surgical intervention. Requests for authorization for electromyography of the right lower extremity, electromyography of the left lower extremity, nerve conduction study of the right lower extremity, and nerve conduction study of the left lower extremity were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Electrodiagnostic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, EMGs (electromyography).

Decision rationale: The MTUS does not address this issue. An electromyography is recommended as an option (needle, not surface). EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. In this case the patient's pain is localized to the feet bilaterally. The clinical presentation is very atypical for radicular pain. There is no indication to obtain evidence of radiculopathy. The test is not indicated. Therefore the request is not medically necessary.

Electromyography of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Electrodiagnostic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, EMGs (electromyography).

Decision rationale: The MTUS does not address this issue. An electromyography is recommended as an option (needle, not surface). EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. In this case the patient's pain is localized to the feet bilaterally. The clinical presentation is very atypical for radicular pain. There is no indication to obtain evidence of radiculopathy. The test is not indicated. Therefore the request is not medically necessary.

Nerve conduction study of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Electrodiagnostic Testing.

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

Decision rationale: The MTUS does not comment on this issue. Per the ODG nerve conduction studies of the lower extremity are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore the request is not medically necessary.

Nerve conduction study of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Electrodiagnostic Testing.

Decision rationale: The MTUS does not comment on this issue. Per the ODG nerve conduction studies of the lower extremity are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore the request is not medically necessary.