

<b>Case Number:</b>	CM14-0038412		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for ankle and foot pain reportedly associated with an industrial injury of October 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and a TENS unit. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, citing a lack of supporting information on the part of the attending provider. The applicant's attorney subsequently appealed. The applicant had apparently returned to regular duty work on October 24, 2013 following an ankle sprain injury. On December 13, 2013, the applicant reported persistent complaints of ankle and heel pain with difficulty bearing weight. The applicant exhibited a markedly antalgic gait. The applicant is placed off of work, on total temporary disability. Imaging of the foot and ankle, Protonix, Naprosyn, and tramadol were endorsed. On January 16, 2014, the applicant again reported persistent complaints of burning foot and ankle pain 8/10. The applicant exhibited hyperalgesia about the foot and ankle. It was stated the applicant had disproportionate neurologic findings. Electrodiagnostic testing of the bilateral lower extremities and MRI imaging of the left foot and left ankle were sought. The attending provider also noted that the applicant had hyperalgesia and hyperesthesias about the ankle and lower leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the Bilateral Lower Extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Diagnostic Criteria Page(s): 37.

**Decision rationale:** It appears that, based on the attending provider's description of events, that he believes the applicant is developing early complex regional pain syndrome (CRPS). As noted on page 37 of the MTUS Chronic Pain Medical Treatment Guidelines, nerve damage associated with CRPS can be detected by EMG testing. Page 37 of the MTUS Chronic Pain Medical Treatment Guidelines notes, furthermore, that nerve damage associated with CRPS is not necessarily contained to that distribution. Thus, while the applicant's symptoms here appear confined to the left lower extremity, page 37 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly takes the position that the applicant could have nerve damage elsewhere. EMG testing to evaluate the presence of nerve damage associated with CRPS is therefore indicated. Accordingly, the request is medically necessary.

**NCV(nerve conduction velocities) of the Bilateral Lower Extremities:** 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 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 14, page 377 does acknowledge that electrical studies for routine foot and ankle problems without clinical evidence of an entrapment neuropathy is "not recommended," in this case, the applicant's presentation is suggestive of a generalized neuropathy/reactive neuropathy associated with possible complex regional pain syndrome with the left lower extremity. Nerve conduction testing to help establish the diagnosis of CRPS is indicated, given the applicant's complaints of pain disproportionate to the injury, dysesthesias about the lower extremity, hyperalgesia, etc. Accordingly, the request is medically necessary.