

Case Number:	CM14-0039435		
Date Assigned:	06/27/2014	Date of Injury:	09/14/2000
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/03/2014

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 Pain Management and Rehabilitation, has a subspecialty certificate 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 59-year-old male with date of injury of 09/14/2000. The listed diagnoses per [REDACTED] dated 02/18/2014 is status post calcaneal osteotomy, to correct hind foot varus, healed from 06/03/2013. According to this report, the patient is doing well status post left subtalar fusion from 11/30/2009. The patient is also status post calcaneal osteotomy on 06/03/2013. He still has not started physical therapy. He has been approved for Swiss balance boots, but he has not gone to get them. He states he is trying to figure out where to go for physical therapy. The physical examination shows he has no evidence of DVT or infection. He has a plantigrade foot. Neurovascular exam is intact except for some decreased sensation around the wound. He has weakness of the peroneal tendons with 4/5 strength compared to 5/5 on the opposite side. He has no motion at the osteotomy site. The utilization review denied the request on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and nerve conduction study of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle & foot, electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. 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.

Decision rationale: This patient is status post calcaneal osteotomy from 06/03/2013. The treating physician is requesting an EMG/NCV of the bilateral lower extremities. The ACOEM Guidelines, page 303, state that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. My review of the reports show that EMG/NCV was requested back in 2004. The EMG/NCV report was not made available for this review but it would appear that the patient has had a set of studies a number of years ago. Currently, the treating physician does not explain why another set of EMG/NCV studies are needed. EMG/NCV studies are needed for the diagnosis of radiculopathy, peripheral neuropathy, plexopathies or myopathies. The treating physician does not raise any such concerns via clinical review or examination. Examination only showed numbness around the wound which is to be expected from surgery. My recommendation for the request for an EMG/NCV is that it is not medically necessary.