

Case Number:	CM14-0056268		
Date Assigned:	07/09/2014	Date of Injury:	11/13/2006
Decision Date:	09/10/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 11/13/06. The diagnoses include probable lumbar discopathy with right L5-S1 radiculopathy. Under consideration is a request for 1 Electrodiagnostic studies of the lower extremities and Podiatry evaluation. There is a 4/7/14 appeal report regarding the denial of the electrodiagnostic studies of the lower extremities and podiatry evaluation. The document states that the patient continues to have chronic low back pain and bilateral lower extremity pain. She describes circumferential numbness with pain and tingling paresthesias on the posterolateral aspect of the leg and dorsolateral aspect of the right foot. She does not have diabetes mellitus, thyroid dysfunction or other metabolic disease. She denies alcohol or tobacco use. The patient also complains of some swelling around the lateral aspect of the ankles bilaterally. This is present constantly, but does wax and wane based on physical activity. The patient ambulates into the office with an antalgic gait, favoring her right lower extremity. She is moderately over her ideal body weight. There is a flattened lumbar lordosis. Lumbar flexion is limited around 50 degrees, extension around 10 degrees, and rotational and side-to-side movements around 20 degrees. There is spasm and guarding at the base of the lumbar spine, worse on the left than the right. There is sciatic notch tenderness on the left, absent on the right. There is gluteal tenderness bilaterally. There is a positive straight leg raise on the right around 70 degrees, absent on the left. There is 4/5 strength in dorsiflexion and EHL function on the right, normal on the left. The Achilles reflex is unobtainable on the right and is 1 + on the left. Reflexes are 1 + and equal at the patellar region, Motor examination is 5+ in regard to leg flexion-extension and thigh flexion. There was some swelling essentially just proximal and slightly superior to the lateral malleolus bilaterally, this is a focal area but symmetric, about 3 x 3 cm, It was somewhat tender and somewhat erythematous. However, there was not diffuse swelling in the ankles. EMG of bilateral lower extremities dated 3/27/14 revealed

an abnormal study. There is electrodiagnostic evidence of a right S1 radiculopathy. There is electrodiagnostic evidence suggestive of a right L5 radiculopathy however insufficient evidence is present to make a diagnosis of L5 radiculopathy. The appeal states that given the weakness and decreased sensations on the right, we do feel an EMG was indicated to rule out lumbar radiculopathy. It was difficult to know whether this weakness was effort dependent or represented true weakness. EMG was required to distinguish between muscle conditions in which the problem begins in the muscle and muscle weakness due to nerve disorders. The EMG was also needed to isolate the level of nerve irritation or injury and rule out any active denervation. A 3/31/14 office visit document states a podiatry consult was ordered to make a determination in regard to what the swelling and tenderness in the patient's ankles on last visit represents, and give an indication of whether or not it is causatively related to the patient's occupational exposure. Unfortunately, this consultation was denied and the patient was encouraged to follow up with her primary care physician to see if the symptoms are cardiogenic or vascular in nature. She agrees to this plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electrodiagnostic studies of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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) Low back-Nerve conduction studies (NCS); EMGs (electromyography).

Decision rationale: 1 Electrodiagnostic studies of the lower extremities is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ACOEM MTUS guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are clearly radicular in nature. The patient does not exhibit symptoms suggestive of myopathy. The request therefore for 1 Electrodiagnostic studies of the lower extremities is not medically necessary.

Podiatry evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362, 374-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Podiatry evaluation is not medically necessary per the MTUS guidelines. The MTUS ACOEM guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The documentation indicates that the patient is going to follow up with her primary care physician to see if the condition is vascular or cardiac in nature. The patient's physical exam findings and history describing a swelling around the lateral aspect of the ankles bilaterally which is present constantly, but does wax and wane based on physical activity suggests possible other etiologies such as vascular insufficiency, renal or cardiac causes. The request for a podiatry evaluation in this case is not appropriate and therefore not medically necessary.