

<b>Case Number:</b>	CM14-0058617		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 & Rehabilitation, has a subspecialty 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 56-year-old male with an injury date of 02/09/2013. According to the 02/25/2014 progress report, the patient complains of stress and intermittent throbbing pain in his left shin, ankle, and foot. This pain is accompanied with swelling and burning with walking and standing. He also reports weakness and blood clots in his left leg. The patient has difficulty in climbing one flight of stairs and can only walk limited distance before he has to use a cane/crutches/walker. Upon examination of the bilateral ankle and foot, there is discoloration of a 2x2 cm circular area along the lateral aspect of the left ankle. The patient also has left-sided tenderness on the lateral and dorsal aspect, and has paresthesias down the plantar aspect of the left foot. The patient's diagnoses include the following: a healed left fibula fracture, history of blood clots, a rule out of peroneal nerve injury and possible tarsal tunnel syndrome of the left foot as well as complaints of anxiety, depression, and sleep difficulty. The request is for an electromyography (EMG) of the left lower extremity and nerve conductive velocity (NCV) of the left lower extremity. The utilization review determination being challenged is dated 04/09/2014. Treatment reports were provided from 09/27/2013 - 02/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The MTUS ACOEM Guidelines states "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." EMG is not discussed under Ankle/Foot. The progress report on 02/25/2014 stated the patient complained of pain in his left shin, ankle, and foot. The request is for an EMG of the left lower extremity. There is no evidence that this patient has had this done in the past. Therefore, given the suspicion for peroneal neuropathy and tarsal tunnel syndrome, the EMG of the left lower extremity is medically necessary and appropriate.

**NCV of the left lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The ODG guidelines have the following 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. According to the 02/25/2014 progress report, the patient presents with pain in his left shin, ankle, and foot. The request is for an NCV of the left lower extremity. There were no previous NCV studies conducted in the past. However, the provider suspects peripheral neuropathy including tarsal tunnel syndrome. NCV studies would be indicated for investigation of peripheral neuropathy. Therefore, NCV of the left lower extremity is medically necessary and appropriate.