MAXIMUS Federal Services

Case Number:	CM14-0070240		
Date Assigned:	07/14/2014	Date of Injury:	01/05/2012
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, 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 56 year old female who has a work injury dated 1/5/12. Her diagnoses include left third finger flexor tenosynovitis; left foot/ankle pain; compensatory lumbar injury; progressive neurologic deficit left L4, L5, S 1; diabetes mellitus, Charcot foot, peripheral neuropathy. There is a 2/24/14 progress note that states that the patient has left hand/finger pain 6/10; left ankle pain; low back pain with left lower extremity symptoms, compensatory, 6/10 scale. On exam there is triggering of the third finger left hand. This remains unchanged. There is tenderness lumbar spine. Lumbar range of motion percent of normal: Flexion 60, extension 50, left and right lateral tilt 50, left rotation 40.Lower extremity neurologic evaluation demonstrates left quadriceps 4+/5, left EHL 4+/5, left eversion4+/5. Diminished sensation left L4, L5, S 1 dermatomal distributions. Positive straight leg raise left.Spasm of the lumboparaspinal musculature less pronounced. The document states that the electrodiagnostic study January 2013 explains S1 findings however does not explain the L5 findings. There is a 3/24/14 progress note that states that the request for EMG/NCV of the bilateral lower extremities will be requested as there are disproportionate neurologic findings lower extremities. Recall lumbar injury is compensatory. There is a 4/18/14 document that states that the patient has Charcot foot and peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, EMG (Electromyelography).

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: EMG (electromyography) of the left lower extremity 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 has peripheral neuropathy, a history of diabetes, and a recent electrodiagnostic study in January 2013. It is unclear what the findings were exactly of this study. The current test was ordered as the requesting physician states that electrodiagnostic study January 2013 explains S1 findings however does not explain the L5 findings. The documentation submitted does not include the prior electrodiagnostic study. It is unclear how many limbs were tested as well as the exact findings. The documentation indicates that the patient has peripheral polyneuropathy which may explain the distribution of her findings. Without documentation of prior electrodiagnostic testing results a request for an EMG (electromyography) of the left lower extremity is not medically necessary.

EMG (Electromyelography) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, EMG (Electromyelography).

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: EMG (electromyography) of the right lower extremity 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 has peripheral neuropathy, a history of diabetes, and a

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NCV (Nerve Conduction Velocity) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Nerve Conduction Studies (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) Low back-Nerve conduction studies (NCS); EMGs (electromyography).

Decision rationale: NCV (Nerve Conduction Velocity) study of the left lower extremity 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 has peripheral neuropathy, a history of diabetes, and a recent electrodiagnostic study in January 2013. It is unclear what the findings were exactly of this study. The current test was ordered as the requesting physician states that electrodiagnostic study January 2013 explains S1 findings however does not explain the L5 findings. The documentation submitted does not include the prior electrodiagnostic study. It is unclear how many limbs were tested as well as the exact findings. The documentation indicates that the patient has peripheral polyneuropathy which may explain the distribution of her findings. Without documentation of prior electrodiagnostic testing results a request for NCV (nerve conduction velocity) of the left lower extremity is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Nerve conduction studies (NCS); EMGs (electromyography).

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