

Case Number:	CM14-0109349		
Date Assigned:	08/01/2014	Date of Injury:	03/30/2009
Decision Date:	02/04/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 Rehab, 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:

This is a 56 year-old male with a 3/30/2009 date of injury. According to the 6/5/14 orthopedic report, the patient presents with low back and bilateral ankle pain. On physical exam there is mottling of the skin with hypersensitivity to light palpation on the left ankle lateral and medial malleolus; decreased sensation at the dorsum of the left foot; there was 4/5 strength in the left EHL, EDL, TA; and SLR was positive bilaterally. The diagnoses include: Reflex sympathetic dystrophy limb; tarsal tunnel syndrome; osteoarthritis ankle and foot; lumbago; plantar fasciitis; edema skin; lumbar myofascial sprain/strain; history of bilateral ankle fracture with posttraumatic arthritis; history of talar edema right ankle. The physician requests a repeat EMG/NCV both lower extremities. The records show the last EMG/NCV was on 3/30/2009 showed abnormalities with left anterior tibialis and left EHL and left lateral gastrocnemius.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: This is a 56 year-old male with a 3/30/2009 date of injury. The diagnoses included: Reflex sympathetic dystrophy limb; tarsal tunnel syndrome; lumbago. On 6/14/14, the orthopedist evaluated the patient and notes prior lumbar MRI from 5/4/11 shows 2.6-2.8mm disc herniation at L5/S1. Prior EMG/NCV from 4/19/12 was read as "left peroneal neuropathy vs L5 acute nerve root involvement". EMG from 3/30/09 was reported to show abnormalities with left anterior tibialis and left EHL and left lateral gastrocnemius. The orthopedist requested repeat EMG/NCV of the lower extremities with a different physician. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 303 for EMG states: "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 patient has been having persistent symptoms in the back and lower extremities over 3-4 weeks. The prior electrodiagnostic studies from 2-years ago were reported to show peripheral versus L5 nerve root involvement, and the EMG study at the time of the injury 5 years ago showed abnormalities with several muscle groups. The reporting on the prior electrodiagnostic studies are vague and the orthopedist wants clarification and recommended the EMG/NCV be with a specific physician. The request appears to meet the ACOEM criteria. The request for EMG for the Bilateral Lower Extremities IS medically necessary.