MAXIMUS Federal Services

Case Number:	CM14-0193521		
Date Assigned:	12/01/2014	Date of Injury:	02/13/2007
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine 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 45years female patient who sustained an injury on 2/13/2007.She sustained the injury due to standing many hours each day for a single project of opening a new restaurant. The current diagnoses include lumbar radiculopathy, bilateral ankle tendinitis and bilateral plantar fasciitis. Per the doctor's note dated 10/20/14, she had complaints of low back pain with radiation to bilateral lower extremities with numbness and bilateral foot pain. The physical examination revealed spasm, tenderness and guarding in paravertebral musculature in lumbar spine with loss of range of motion, decreased sensation bilaterally in L5 and S1 dermatomes and tenderness at the insertion of plantar fasciae bilaterally. Per the doctor's note dated 9/22/14, she had complaints of upper and lower back pain with radiation to legs and feet; bilateral ankle and feet pain. The physical examination revealed normal gait, spasm and tenderness in paravertebral muscles, tender sciatic notch bilaterally, right leg L5 sensory deficit with intact strength and deep tendon reflexes and negative straight leg raising; bilateral ankles- tenderness over the medial and lateral malleoli, ATFL (Anterior Talofibular Ligament) and peroneals, plantar fascia; normal foot examination. The medications list includes Motrin, Celexa. She has had electro-diagnostic studies in 12/2013 with normal findings and lumbar spine MRI in 1/2014 with unremarkable findings; MRI right foot dated 9/2/11, MRI right ankle dated 8/22/11, MRI left foot dated 9/2/11, MRI left ankle dated 8/22/11, MRI right foot dated 9/2/11; lumbar spine X-rays dated 9/22/14 with normal findings. She had undergone sleeve surgery in 2011. She has had physical therapy, acupuncture, individual psychotherapy visits, TENS unit and injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per ACOEM guidelines, "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."She has already had electro-diagnostic studies in 12/2013 with normal findings and lumbar spine MRI in 1/2014 with unremarkable findings. Significant change in signs or symptoms that would require a repeat EMG/NCS is not specified in the records provided. Evidence of progressive neurological deficits is not specified in the records provided. Per the doctor's note dated 9/22/14, the physical examination revealed right leg L5 sensory deficit with intact strength and deep tendon reflexes and negative straight leg raise. Therefore objective physical exam findings that indicate significant lower extremity radiculopathy are not specified in the records provided. The response to prior rehabilitative measures including physical therapy is not specified in the records provided.The medical necessity of EMG/NCV of the bilateral lower extremities is not established for this patient at this time.