Case Number:	CM14-0202394		
Date Assigned:	12/15/2014	**Date of Injury:**	02/11/2014
Decision Date:	02/28/2015	**UR Denial Date:**	11/19/2014
Priority:	Standard	**Application Received:**	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male who sustained a work related injury on February 11, 2014. The mechanism of injury was a fall. The injured worker slipped on ice and injured his right lower leg and ankle. X-rays of the right leg were performed and revealed a fractured right fibula. A current progress report dated October 30, 2014 notes ongoing discomfort in the right foot, with associated numbness and tingling. The injured worker has not been able to move his toes since the injury. He reported rare dull pain and none at the time of the visit. Physical examination of the right foot revealed a loss of sensation over the metatarsal phalangeal region, toes two to four. There was also loss of flexion of the second and third toes with minimal flexion noted actively. The strength of the lower extremity was normal. Diagnoses include status post fractured right distal fibula, tendinitis of the right foot and possible right-sided lumbar radiculopathy. Work status is permanent and stationary. The treating physician requested an electromyography of the right and left lower extremities. Utilization Review evaluated and denied the request for the electromyography of the lower extremities on November 19, 2014. Utilization Review denied the request due to the injured worker was not presented as having radiculopathy and the objective findings on examination do not include evidence of neurologic dysfunction such as sensor, reflex or motor system change. Therefore, the request for an electromyography of the right and left lower extremity is not medically necessary. MTUS Guidelines, Special Studies and Diagnostic and Treatment Considerations and the Official Disability Guidelines, Low Back were referenced. The request at issue is not in compliance with the evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMG

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise in the left lower extremity. In the absence of such documentation, the currently requested EMG of the left lower extremity is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMG

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back

conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. The physical examination reveals loss of sensation over the right metatarsal phalangeal region, but there is also contradictory documentation of normal sensation. In the absence of such documentation, the currently requested EMG of the right lower extremity is not medically necessary.