

Case Number:	CM14-0207714		
Date Assigned:	12/19/2014	Date of Injury:	12/18/2011
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 53-year old male with a date of injury of 12/18/2011. In 2008 he had C6-C7 surgery. He had 2 left ankle surgeries, 4 right knee surgeries, 2 left shoulder surgeries and left knee surgery. On 02/14/2013 he had a repeat EMG that revealed severe denervation of bilateral gastrocnemius and peroneus longus muscles. That was a repeat study and the right was worse than the left side. In 01/2014, 02/2014, 03/2014, 07/2014 and 08/2014 he had physical therapy. On 09/04/2014 he had a S1 transforaminal epidural steroid injection and on 09/18/2014 he noted a 10% improvement in his right leg pain and complete resolution of his right foot and lower extremity numbness. Symptoms returned to baseline for the past few days. On 09/18/2014 he had a decreased lumbar range of motion, negative straight leg raising and a bilateral decrease in the ankle reflex. Except for right foot eversion and bilateral heel rise and 4+/5 bilateral hip abduction, motor strength was 5/5. The requested EMG/NCS was to rule out radiculopathy at areas other than S1. On 10/31/2014 he had another right S1 transforaminal epidural steroid injection. On 11/10/2014 it was noted that he had improved and was to return to work. Gabapentin was discontinued. He was able to heel walk without difficulty. Toe walking was difficult more on the right because of weakness. The right lateral foot had decreased sensation. Right foot eversion and heel raise strength was 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS right lower extremity: Upheld

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

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

Decision rationale: The patient has an obvious right S1 radiculopathy based on the physical examination and the response to both S1 transforaminal epidural steroid injections. According to AOEM, Chapter 12 for Low Back Complaints, EMG/NSC are not recommended for cases where there is already an obvious radiculopathy. EMG/NCS are for the clinical situation where a radiculopathy is suspected but the clinical findings are equivocal. The patient's clinical findings and response to right S1 transforaminal epidural steroid injections revealed an obvious, chronic right S1 radiculopathy. He appears to have improved and there is no documentation that he is at present a surgical candidate. The requested EMG/NCS is not consistent with MTUS, ACOEM guidelines; therefore the request is not medically necessary.

Podiatry consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 IME and Consultations, page 127.

Decision rationale: There is no documentation of intrinsic foot pathology. He is ambulatory and has a normal heel walk gait. He has a right lumbar radiculopathy and a podiatric consultation is not medically necessary at this point in time.