

<b>Case Number:</b>	CM15-0103371		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old who has filed a claim for complex regional pain syndrome (CRPS), chronic leg pain, and chronic low back pain reportedly associated with an industrial injury of August 28, 2014. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an office visit dated April 24, 2015 in its determination. A variety of MTUS and non-MTUS Guidelines were invoked in the determination. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported ongoing complaints of left ankle pain, left hip pain, low back pain, left buttock pain, aggravated by weight bearing and range of motion testing. The applicant also reported complaints of gluteal pain radiating into left thigh, as noted in a separate section of the note. Positive left-sided straight leg raising was appreciated with hyposensorium noted about the left leg. The applicant was given diagnoses of left sciatica versus left leg pain versus arthralgia of the leg. Work restrictions were endorsed, along with electrodiagnostic testing of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, Chronic Pain Treatment Guidelines B. CRPS-II (causalgia) Page(s): 37.

**Decision rationale:** No, the request for EMG testing of right lower extremity was not medically necessary, medically appropriate, or indicated here. One of the diagnoses suspected here was complex regional pain syndrome. While page 37 of the MTUS Chronic Pain Medical Treatment Guidelines states that nerve damage associated with leg CRPS can be detected by EMG testing, page 37 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that there must be documentation of peripheral nerve injury with pain initially in the distribution of the injured nerve to justify nerve conduction testing in the region in question. Here, the applicant's symptoms were seemingly confined to the symptomatic left lower extremity alone. There was no mention of the applicant's having issues with and/or symptoms involving the seemingly asymptomatic right lower extremity. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of EMG or NCV testing in evaluation of applicants without symptoms is deemed not recommended. Here, the attending provider failed, in short, to provide a clear or compelling rationale for EMG testing of the seemingly asymptomatic right lower extremity. Therefore, the request was not medically necessary.

**NCV Right Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Similarly, the request for nerve conduction testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV testing in the diagnostic evaluation of applicants without symptoms is deemed not recommended. Here, the applicant was seemingly asymptomatic insofar as the right lower extremity at issue was concerned. The applicant's symptoms were, per April 28, 2015, confined to the symptomatic left lower extremity. The attending provider failed, in short, to provide a clear or compelling rationale for nerve conduction testing of the asymptomatic right lower extremity. Therefore, the request was not medically necessary.

**NCV Left Lower Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** Conversely, the request for nerve conduction testing of the left lower extremity was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does acknowledge that electrical studies (AKA nerve conduction testing) are not recommended unless there is clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, here, however, it did appear that a tarsal tunnel syndrome versus an entrapment neuropathy versus a complex regional pain syndrome (CRPS) implicating the left lower extremity was suspected here. The applicant had symptoms of low back pain radiating to left leg. The applicant had issues with left lower extremity arthralgias and myalgias. The applicant exhibited difficulty weight bearing, it was reported on April 28, 2015. Hyposensorium was noted about the left lower extremity with diffuse edema appreciated about the same. Moving forward with nerve conduction testing of the symptomatic left lower extremity was, thus, indicated. Therefore, the request was medically necessary.

**EMG Left Lower Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines B. CRPS-II (causalgia) Page(s): 37.

**Decision rationale:** Similarly, the request for EMG testing of the symptomatic left lower extremity was likewise medically necessary, medically appropriate, and indicated here. One of the items on the differential diagnosis list here was complex regional pain syndrome (CRPS). Page 37 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the nerve damage associated with CRPS can be detected by EMG testing and further notes that there must be documentation of peripheral nerve injury with pain initially in the distribution of the injured nerve so as to compel such testing. Here, the attending provider did in fact document the presence and/or suspicion of nerve injury involving the left lower extremity on or around the date of the request, April 28, 2015. Hyposensorium was noted about the left L4 through S1 distribution. The applicant reported symptoms of swelling and pain about the left lower extremity. Another item on the differential diagnosis list was possible lumbar radiculopathy, the treating provider suggested. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing is recommended to clarify a diagnosis of nerve root dysfunction. Here, lumbar radiculopathy was on the differential diagnosis list, as was left lower extremity CRPS. EMG testing was indicated to delineate between the two possibilities. Therefore, the request was medically necessary.