

Case Number:	CM15-0146993		
Date Assigned:	08/07/2015	Date of Injury:	08/25/2014
Decision Date:	09/11/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 45 year old male who sustained an industrial injury on 8-25-15 when he twisted his right ankle resulting in severe swelling about the right ankle; back pain. He currently complains of constant cervical pain, stiffness, tightness, crepitus and muscle spasms with radiation of pain into the upper back; right wrist ganglion cyst that is increasing in size causing worsening pain; constant pain, stiffness and tightness in the thorocolumbar region with radiculopathy into the buttocks area; constant right ankle pain and swelling with stiffness and tightness and radiculopathy extending into the proximal right knee terminating at the right hip. He notes weakness of the right ankle and it gives out on him. With activities of daily living he has generalized mild to moderate impairment; severe impairment regarding physical activity and sleep; non-specialized hand activities there was severe impairment. On physical exam of the cervical spine there was tenderness to palpation and muscle spasms; the remaining areas of the exam were normal. Medications were Norco, gabapentin. Diagnoses include thoracic strain; lumbar radiculopathy' sprain right ankle, with partial tear anterior talofibular ligament. Treatments to date include physical therapy; medications. Diagnostics include electrodiagnostic studies (4-14-15) revealed chronic bilateral L4 radiculopathy; MRI of the lumbar spine and right ankle (4-16-15) showed degenerative disc disease, disc bulge with annular tear; MRI of the right ankle (4-16-15) showed probable stress reaction, bone marrow edema or contusion. On 7-7-15 Utilization Review evaluated a request for electromyography of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints
Page(s): 62, 382-383.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)' Chapter under 'EMG's (electromyography).

Decision rationale: The patient presents with neck, back, right wrist and right ankle/foot pain. The request is for EMG of right lower extremity. The request for authorization is not provided. MRI of the lumbar spine, 04/16/15, shows L5-S1: disc is decreased in height and signal intensity; there is a 5 mm asymmetric broad based disc bulge with annular tear; there is moderate right proximal foraminal stenosis. EMG/NCV of the bilateral lower extremity, 04/14/15, shows evidence of chronic bilateral L4 radiculopathy. Physical examination reveals tenderness lumbar spine paraspinals and RIGHT ankle/foot. Painful range of motion of lumbar spine and right foot/ankle. Patient's medication includes Norco. Per progress report dated 07/22/15, the patient remains off-work. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Treater does not discuss the request. Provided progress reports had handwritten notes that were illegible. The patient suffers from low back and painful range of motion. Physical examination reveals tenderness in the lumbar paraspinals. However, there is no discussion or documentation of numbness, tingling or loss of sensation. Furthermore, review of provided medical records show an EMG/NCV of the bilateral lower extremity performed on 04/14/15. But there is no discussion or explanation by treater why a repeat study is needed. Therefore, the request is not medically necessary.