MAXIMUS Federal Services

Case Number:	CM15-0163078		
Date Assigned:	08/31/2015	Date of Injury:	01/29/2014
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/19/2015

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 36 year old male who sustained an industrial injury on 1-29-14. He had complaints of bilateral foot pain. Treatments include: medication, physical therapy, orthotics and night splint. Progress report dated 6-5-15 reports continued complaints of bilateral heel pain. Diagnoses includes: plantar fasciitis, and possible tarsal tunnel as opposed to nerve irritation secondary to chronic inflammation. Plan of care includes: continue medications, request MRI, recommend flector patches, compression stockings may help reduce edema, consultation with neurologist and recommend a series of steroid injections and if not helpful possible surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Testing (EMG/NCS).

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

Decision rationale: The patient presents on 07/31/15 with bilateral foot pain unchanged from previous visit. The patient's date of injury is 01/29/14. Patient has no documented surgical history directed at this complaint. The request is for NCS. The RFA is dated 08/11/15. Physical examination dated 07/31/15 reveals POP to the insertion of the plantar fascia and distally along the medial slip of the fascia to both feet, pain to percussion of the medial tarsal tunnel. The patient is currently prescribed Norco and Gabapentin. Patient's current work status is not provided. ACOEM Guidelines, chapter 12, page 303 has the following regarding EMG/NCV studies: Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. In regard to the request for a nerve conduction studies of the lower extremities, the treater has not provided evidence of neurological dysfunction. Most recent progress note, dated 7/31/15 does not include discussion or examination findings suggestive of neurological compromise in the right lower extremity. The only objective findings documented are musculoskeletal tenderness to palpation/percussion and a suspicion of tarsal tunnel syndrome. Without examination findings suggestive of neurological compromise for which nerve conduction studies are considered an appropriate diagnostic tool, the request cannot be substantiated. The request IS NOT medically necessary.

Neurology consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 7 page 127, 303.

Decision rationale: The patient presents on 07/31/15 with bilateral foot pain unchanged from previous visit. The patient's date of injury is 01/29/14. Patient has no documented surgical history directed at this complaint. The request is for NEUROLOGY CONSULTATION. The RFA is dated 08/11/15. Physical examination dated 07/31/15 reveals POP to the insertion of the plantar fascia and distally along the medial slip of the fascia to both feet, pain to percussion of the medial tarsal tunnel. The patient is currently prescribed Norco and Gabapentin. Patient's current work status is not provided. ACOEM Guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. ACOEM Guidelines, chapter 12, page 303 has the following regarding EMG/NCV studies: Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. In regard to the request for a consultation with a neurologist for nerve conduction studies, the associated diagnostic study is not supported therefore consultation is unnecessary. Per RFA dated 08/11/15, the purpose of the consult is so that this patient can undergo nerve conduction studies of the lower extremities. However, the provider does not demonstrate any evidence of neurological compromise in the lower extremities and the NCS cannot be substantiated. Therefore, the associated consultation is not required and the request IS NOT medically necessary.