Case Number:	CM15-0168343		
Date Assigned:	09/09/2015	**Date of Injury:**	04/10/2014
Decision Date:	10/26/2015	**UR Denial Date:**	08/07/2015
Priority:	Standard	**Application Received:**	08/27/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 28 year old female, who sustained an industrial injury on April 10, 2014. She initially reported left ankle and foot problems. As a result of the compensable consequences of her injury, notes stated that she later developed symptoms in her right foot. The injured worker was diagnosed as having left ankle internal derangement. Treatment to date has included diagnostic studies, physical therapy and medication. On June 25, 2015, the injured worker complained of left ankle pain and bilateral foot pain. She also reported numbness and tingling to both feet. The treatment plan included an updated MRI, medication and a follow-up visit. On August 7, 2015, utilization review denied a request for an EMG of the left lower extremity, NCV of the left lower extremity, EMG of the right lower extremity and NCV 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 Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the left lower extremity. According to the ODG, electromyography (EMG) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ODG Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there were no reported neurologic exam abnormalities consistent with peripheral nerve entrapment. Medical necessity for the requested study has not been established, as guideline criteria have not been met. The requested study is not medically necessary.

NCV Left 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 (ODG) Low Back (updated 7/17/2015) Online version, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity testing.

Decision rationale: The request for diagnostic NCV testing of the left lower extremity is not medically necessary. According to the ODG, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of any objective clinical findings or any neurological deficits to support the requested NCVs of the left lower extremity. Medical necessity for the requested studies has not been established. The requested studies are 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 Official Disability Guidelines (ODG) Low Back (updated 7/17/2015) Online version, Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

Decision rationale: The request for diagnostic NCV testing of the right lower extremity is not medically necessary. According to the ODG, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of any objective clinical findings or any neurological deficits to support the requested NCVs of the left lower extremity. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the right lower extremity. According to the ODG, electromyography (EMG) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ODG Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there were no reported neurologic exam abnormalities consistent with peripheral nerve entrapment. Medical necessity for the requested study has not been established, as guideline criteria have not been met. The requested study is not medically necessary.