

Case Number:	CM15-0204628		
Date Assigned:	10/21/2015	Date of Injury:	04/03/2012
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 42-year-old, female who sustained a work related injury on 4-3-12. A review of the medical records shows she is being treated for left leg and foot pain. In the progress notes dated 7-1-15, the injured worker reports burning pain on the lateral aspect of her left leg. This pain radiates from her left foot upward into her leg. On physical exam dated 7-1-15, she has continued hypersensitivity on the lateral aspect of the left leg. She has symptomatic pain to palpation, range of motion and traction of the lateral aspect of the left foot. Treatments have included acupuncture, lumbar epidural steroid injections, physical therapy, massage therapy, TENS unit therapy and ultrasound. Current medications include Percocet, Amitriptyline, Lidoderm patches, Lorazepam, Wellbutrin and Cephalexin. Working status not noted. The treatment plan includes a request for EMG-NCV studies of the left leg. In the Utilization Review dated 9-17-15, the requested treatment of EMG-NCV study of bilateral lower extremities is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was subjective and objective evidence noted in recent notes suggestive of possible neuropathy vs tendinopathy. The provider ordered bilateral lower extremity EMG/NCS to help clarify the diagnosis, which was partially medically appropriate. There was no evidence of right leg symptoms to warrant "bilateral" testing. Therefore, this request, as written, will be considered medically unnecessary.