Case Number:	CM15-0214706		
Date Assigned:	11/04/2015	**Date of Injury:**	02/22/2002
Decision Date:	12/15/2015	**UR Denial Date:**	09/30/2015
Priority:	Standard	**Application Received:**	11/02/2015

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: Arizona, California
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:

This injured worker is a 65 year old male, who sustained an industrial injury on 02-2-2002 The injured worker was diagnosed as having neuroma of the second and third interspace-left foot, neuroma excision-left foot, neuritis and painful gait. On medical records dated 08-25-2015, (progress noted was hand written and difficult to decipher) the subjective complaints were noted as having a recent heart attack. Objective findings were noted as mild hypersensitivity to the left foot along the plantar aspect of the left due to radiating symptomatology's upon plantar aspect of the left foot, and has also shown hypersensitive along the plantar aspect of the left foot due to radiating symptomatology's upon plantar aspect of the foot may constitute the issue with regard to peripheral neuropathy versus tarsal tunnel issue. Poor functionally and poor weight bearing status was noted. Treatment to date included medication. Current medications were listed as Mobic, Lyrica, and Metformin. The Utilization Review (UR) was dated 09-30-2015. A Request for Authorization was dated 09-21-2015. The UR submitted for this medical review indicated that the request for Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic testing, Nerve conduction studies.

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

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but 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. In this case, the claimant had a neuroma with symptoms of hypersensitivity. There is no imaging that indicates a discrepancy that would require an EMG/NCV. The peripheral vs. tarasl tunnel differential is not consistent with symptoms since the symptoms are elicited with direct palpation of the plantar aspect of the foot in the area of the excision. The request is not medically necessary.