MAXIMUS Federal Services

Case Number:	CM15-0038195		
Date Assigned:	03/06/2015	Date of Injury:	04/21/1994
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 50-year-old male, with a reported date of injury of 04/21/1994. The diagnoses include complex regional pain syndrome of the lower extremity. Treatments have included oral medications, a transcutaneous electrical nerve stimulation (TENS) unit, and a wheelchair. The progress report dated 01/20/2015 indicates that the injured worker continued to have leg pain. He rated his pain 9 out of 10. The injured worker complained of persistent, severe tremors. The report did not include objective findings. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs –electromyography Low Back chapter under Nerve conduction studies -NCS.

Decision rationale: The patient presents with unspecified foot pain rated 7/10. The patient's date of injury is 04/21/94. Patient is status post spinal cord stimulator implantation at a date unspecified. The request is for EMG/NCV LOWER EXTREMITIES. The RFA was not provided. Physical examination dated 02/23/15 does not include any physical findings, only a review of systems and medications. The patient is currently prescribed Ativan, Calcipotriene, Clobetasol, Donnatal, Flurocin, Latuda, Magnesium supplement, Metformin, MS Contin, Naprosyn, Norco, Promethazine, Ranitadine, Seroquel, Xanax, Zoloft, and Zyrtec. Diagnostic imaging was not included. Patient is currently working, though the exact nature of his employment is not specified. ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnositic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In regard to the request for an EMG/NCV study to be performed on the bilateral lower extremities, the treater has not provided documentation of neurological deficit in the lower extremities. There is no indication that this patient has had any electrodiagnostic studies of the lower extremities to date. There is no documentation of specific neurological deficit or progression in this patient's symptoms, only a complaint of unspecified foot pain and a diagnosis of CRPS of a lower extremity. Were the treater to document an increase in this patient's pain symptoms or significant flare-up with a suspected neurological origin, an EMG of the lower extremities would be appropriate. However, no such findings are provided and there is no discussion as to why the provider is requesting this diagnostic procedure. Furthermore, NCV studies are not recommended for use on the lower extremities. Therefore, the request IS NOT medically necessary. In regard to the request for an EMG/NCV study to be performed on the bilateral lower extremities, the treater has not provided documentation of neurological deficit in the lower extremities. There is no indication that this patient has had any electrodiagnostic studies of the lower extremities to date. There is no documentation of specific neurological deficit or progression in this patient's symptoms, only a complaint of unspecified foot pain and a diagnosis of CRPS of a lower extremity. Were the treater to document an increase in this patient's pain symptoms or significant flare-up with a suspected neurological origin, an EMG of the lower extremities would be appropriate. However, no such findings are provided and there is no discussion as to why the provider is requesting this diagnostic procedure. Furthermore, NCV studies are not recommended for use on the lower extremities. Therefore, the request IS NOT medically necessary.