

Case Number:	CM15-0083297		
Date Assigned:	05/05/2015	Date of Injury:	06/13/2011
Decision Date:	06/05/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational Medicine

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 63 year old female, who sustained an industrial injury on 6/13/2011. She reported low back pain. The injured worker was diagnosed as having right ankle ligament injury, compression neuropathy of the superficial peroneal nerves of the right leg, and complex regional pain syndrome. Treatment to date has included medications, boot, ankle surgery, injections, chiropractic care, acupuncture, surgery, and electrodiagnostic studies. The request is for electrodiagnostic studies of the right lower extremity. On 2/6/2014, she complained of right lower extremity pain, and low back pain with radiation into the right lower extremity. The record indicates previous electrodiagnostic studies revealed all nerves within the normal limits. On 7/21/2014, she complained of back pain. On 10/10/2014, she complained of increased low back pain with radiation into the left side, and continued right foot and leg pain. On 11/25/2014, she complained of burning pain in the right lower extremity. Physical finding are noted as development of a hallux valgus deformity of the right foot. The treatment plan included: Oxycontin, Soma, and monitoring. She has rated her pain as 8/10 and indicates her pain to be decreased with medications. Diminished sensation and increased numbness are reported in the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right lower extremity EMG/NCV: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Electrodiagnostics/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines does not specifically address the issue of repeat testing. ODG Guidelines most clearly addresses this issue under the MRI testing, but the same principles would apply to this request for repeat electrodiagnostics. The pain specialist clearly documents worsening subjective complaints of numbness and increasing loss of sensation in the lateral foot. This meets Guideline criteria for repeat testing as a significant change in neurological function is reported. Under these circumstances, the request for the repeat right lower extremity EMG/NCV is supported by Guidelines and is medically necessary.