

Case Number:	CM14-0149951		
Date Assigned:	09/18/2014	Date of Injury:	11/29/2008
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of November 29, 2008. A utilization review determination dated September 8, 2014 recommends non-certification of electromyography EMG/ Nerve conduction velocity studies (NCS) of the left lower extremity. Non-certification was recommended due to the "likelihood of a false positive result from the post-operative EMG study." A progress report dated August 25, 2014 identifies subjective complaints indicating that the patient underwent left tarsal tunnel release on January 17, 2014. The patient reports improvements in surgery with increased mobility and has returned to work at a reduced schedule. The patient still complains of pain throughout the entire foot which feels like burning. The patient was approved for additional physical therapy and has completed all authorized treatments. The patient feels as if the "nerve is waking up." Physical examination findings reveal 5/5 strength with good pulses in the ankle and foot. There are some tenderness over the tarsal tunnel. Diagnoses include status post open reduction internal fixation of the left 5th metatarsal fracture, status post left ankle stabilization procedure, and status post tarsal tunnel release. The treatment plan recommends continuing modified work, physical therapy, and repeat electrodiagnostic studies to "see if there is improvement."

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 ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for Electromyography (EMG) of the lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication as to whether the patient's neurologic examination has changed since the date of surgery. There are no current deficits on the most recent neurologic exam. Additionally, it is unclear how electrodiagnostic testing would change the current treatment plan. The requesting physician has recommended additional physical therapy, it seems reasonable to exhaust all conservative options prior to considering further interventions. Since the patient states that she feels that the nerve is healing, it is unlikely that any further interventions would be indicated at the current time anyways. In the absence of clarity regarding his issues, the currently requested EMG of the lower extremity is not medically necessary.

NCS left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for Nerve conduction velocity studies (NCS) of the lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is

presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication as to whether the patient's neurologic examination has changed since the date of surgery. There are no current deficits on the most recent neurologic exam. Additionally, it is unclear how electrodiagnostic testing would change the current treatment plan. The requesting physician has recommended additional physical therapy, it seems reasonable to exhaust all conservative options prior to considering further interventions. Since the patient states that she feels that the nerve is healing, it is unlikely that any further interventions would be indicated at the current time anyways. In the absence of clarity regarding his issues, the currently requested NCs of the lower extremity is not medically necessary.