

Case Number:	CM14-0219115		
Date Assigned:	01/09/2015	Date of Injury:	08/25/2011
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year-old male, who was injured on August 25, 2011, while performing regular work duties. He presents with neck pain with radiation to the left shoulder, low back pain, left knee pain, and pain to both feet. On June 16, 2014, physical findings are lumbar spine tenderness and spasm, weakness of the left bicep and tricep with atrophy noted to the left forearm, left shoulder is positive for Hawkins testing, and demonstrates limited range of motion. The injured worker has received treatment including acupuncture, at least 11 physical therapy sessions, medications, and radiological imaging. The request for authorization is for magnetic resonance imaging of both feet, electromyogram of bilateral upper extremities, nerve conduction studies of bilateral upper extremities, nerve conduction studies of the lumbar spine, electromyogram of the lumbar spine, electromyogram of both lower extremities, nerve conduction studies of both lower extremities, and a re-evaluation with [REDACTED]. The primary diagnoses used are plantar fascial fibromatosis, and cervical intervertebral disc degeneration. On December 19, 2014, Utilization Review non-certified the request for magnetic resonance imaging of both feet; partial certification of electromyogram of the left upper extremity, certification of electromyogram and nerve conduction studies of the lumbar spine and bilateral lower extremities, and certification of a re-evaluation with [REDACTED], based on the cited MTUS, Chronic Pain Medical Treatment, ACOEM, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRIs of the bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary last updated 10/29/2014 for imaging- MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: According to a MTUS guidelines, ankle and foot MRI is indicated in case of ligament tear or tendinitis. There is no clinical evidence supporting one of the above diagnosis in this case. Therefore, the request is not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179).The patient developed chronic neck pain without recent evidence of radicular pain or nerve damage and no recent clear justification for the need of an EMG. Therefore, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.