

Case Number:	CM15-0000357		
Date Assigned:	01/09/2015	Date of Injury:	02/20/2013
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 44 year old female, who sustained an industrial injury on 02/20/2013 and another injury on 01/17/2014. She has reported upper back pain that radiates to both shoulders with the right being worse than the left, constant mid back pain that radiates to the low back with numbness and tingling, constant low back pain that radiates to the bilateral hips and thighs with numbness and tingling, intermittent right knee pain, and constant left ankle pain that radiates to the left shin, calf, foot and toes. The diagnoses have included medication induced gastritis, cervical spine strain/sprain with myospasms, lumbar spine strain/sprain, lower extremity neuropathy, left ankle pain, left foot pain, right ankle strain/sprain, sensory peripheral polyneuropathy per NCV (09/22/2014), right knee degenerative enthesophyte, bilateral ankle heel spurs, status post open reduction and internal fixation of the tibia and fibula, chronic pain, tension headaches, and insomnia. Treatment to date has included x-rays, physical therapy, medications, shoe insoles, and left ankle surgery (02/01/2014). Currently, the IW complains of neck pain, right shoulder pain, right knee pain, lower back pain, bilateral ankle pain, and bilateral foot pain. Limited information was provided in regards to previous treatments. Previous x-rays of the right lower extremity (10/04/2014) revealed degenerative enthesophyte off the upper patellar pole anteriorly, degenerative enthesopathic changes (heel spur), and calcaneal attachment sites of the Achilles tendon and plantar fascia. On 12/10/2014, Utilization Review non-certified an EMG/NCV of the bilateral lower extremities, noting the absence of clinical exam findings suggestive of tarsal tunnel syndrome or other entrapment neuropathies and the right foot and ankle being the only approved body part. The ACOEM Guidelines were cited. On

01/02/2015, the injured worker submitted an application for IMR for review of EMG/NCV (right foot and ankle only covered body part).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (right foot & ankle only covered body part): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 261, 165-188.

Decision rationale: The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation reported the worker was experiencing problems sleeping and pain in the neck, right shoulder, right knee, lower back that went into the left leg, both ankles, and both feet. There was no suggestion of subtle focal neurologic findings or no discussion supporting the use of NCV in this setting. In the absence of such evidence, the current request for an electromyography (EMG)/nerve conduction velocity (NCV) testing of the right foot and ankle is not medically necessary.