

Case Number:	CM15-0113636		
Date Assigned:	06/22/2015	Date of Injury:	03/14/2011
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 3/14/2011. The current diagnoses are complex regional pain syndrome of the right lower extremity, status post open reduction with internal fixation of the right leg, chronic pain syndrome secondary to complex regional pain syndrome, and chronic reactive clinical depression secondary to chronic pain. According to the progress report dated 3/12/2015, the injured worker complains of ongoing and worsening back and right leg pain. On average, his pain is rated 5-6/10 on a subjective pain scale, with the worst pain being 8-9/10. The physical examination reveals tenderness to palpation over the right L4-5 and L5-S1 lumbar interspace, right gluteus maximus region, and right inguinal area. The range of motion of the lumbar spine is limited at 40%-50% with guarding. There is diminished muscle strength and weight bearing noted in the right lower extremity. There is swelling and bluish discoloration, hyperesthesia, and allodynia affecting the right below the knee non-dermatomal distribution. The current medications are Oxycodone, Lyrica, Cymbalta, Prilosec, Elavil, and Zofran. Treatment to date has included medication management, spinal cord stimulator, and surgical intervention. The plan of care includes EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the exam findings are not consistent with radicular findings. The pain was determined to be due to RSD. Imaging results were not noted to confirm suspected disk disease or nerve root involvement. The request for an EMG/NCV of the lower extremities is not medically necessary.