

Case Number:	CM15-0116171		
Date Assigned:	06/24/2015	Date of Injury:	05/05/2010
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, Florida, 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 59 year old male who reported an industrial injury on 5/5/2010. Her diagnoses, and/or impressions, are noted to include: crush injury to the right foot; prior articular fracture of the right great distal phalanx; burning dysesthesia and sensory loss of the right great and second toes; and rule-out complex regional pain syndrome of the right foot. No current imaging studies are noted. Her treatments have included consultations; therapeutic home exercises; medication management; and release back to full duties at work. The progress notes of 3/25/2015 reported complaints of intermittent, severe low back pain with radicular pain and right foot pain. Objective findings were noted to include tenderness at the "JP" joint, and "STS" of the great toe, with hyperesthesia and restricted and painful range of motion. The physician's requests for treatments were noted to include electromyogram and nerve conduction velocity studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity/Electromyography of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: The injured worker was injured 5/5/2010. The diagnoses were crush injury to the right foot; prior articular fracture of the right great distal phalanx; burning dysesthesia and sensory loss of the right great and second toes; and rule-out complex regional pain syndrome of the right foot. As of 3/25/2015, the patient reported subjective complaints of intermittent, severe low back pain with radicular pain and right foot pain. Objective findings were noted to include with hyperesthesia and restricted and painful range of motion. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Outcomes of other diagnostic tests already done are not noted. The request was appropriately non-certified. The request is not medically necessary.