

Case Number:	CM15-0042985		
Date Assigned:	03/13/2015	Date of Injury:	09/17/2012
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Colorado

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 31 year old male who sustained an industrial injury when he fell off a truck on September 17, 2012. The injured worker was diagnosed with fracture of the shaft of the tibia and fibula with skin sensation disturbance. The injured worker is status post left tibia-fibula fracture repair with hardware on September 24, 2012. According to the physician's occupational injury report on January 26, 2015, the injured worker continues to experience pain and numbness of the left leg aggravated by weight bearing. The injured worker denies any current use of pain medication and performs all activities of daily living and is working regular duties. Examination of the left lower extremity documented swelling and mild erythema of the distal left leg with decreased range of motion and decreased light touch and pin prick in the left thigh and distal lower extremity. The physician requested Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the left lower extremity to assess for neuropathic process involvement. The injured worker was to continue home exercises along with weight loss to help decrease the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Velocity Studies of the Left Lower Extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, Revised 2011 Chapter 10, pages 807, and 847-848.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not address the use of EMG/NCV studies as diagnostics, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, electro diagnostic studies, comprised of EMG and NCV, are recommended when CT or MRI is non-diagnostic and/or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. However, electro diagnostic studies are not recommended for patients with chronic low back pain in the absence of significant leg pain or numbness. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCV, with needle EMG component if radiculopathy suspected, would be indicated. NCV would also be indicated if another condition, in addition to or instead of radiculopathy is suspected based on history and/or physical EMG and/or NCV may also be recommended in situations in which possible neurological compromise may be suspect, but no cause for neurological compromise is present on imaging. Some clinicians would wait to test patients with NCV/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, there is documentation of physical finding of possible neurological compromise with decreased sensation on examination of left lower extremity. There is no documentation of CT or MRI related to left lower extremity. There is documentation that conservative measures such as physical therapy and medications have been tried and failed regarding left leg symptoms. As patient has had persistent symptoms despite conservative therapy, EMG/NCV of left lower extremity is medically indicated.