

Case Number:	CM15-0067740		
Date Assigned:	04/15/2015	Date of Injury:	09/21/2012
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 45 year old man sustained an industrial injury on 9/21/2012 after falling off of a ladder while climbing to a roof. The worker completed his work duties with symptoms as there was no medical facility close by. Evaluations include left upper and lower extremities, neck, and back x-rays. Diagnoses include cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, bilateral shoulder strain with impingement, bilateral elbow medial and lateral epicondylitis, bilateral forearm flexor and extensor tenosynovitis, thoracolumbar spine musculoligamentous sprain/strain with left sacroiliac joint sprain, left knee sprain, and left ankle/foot sprain. Treatment has included oral medications and physical therapy. Physician notes on a doctor's first report of injury or illness form dated 1/21/2015 show complaints of cervical spine pain with radiation to the bilateral upper extremities, bilateral shoulder pain, bilateral elbow pain, bilateral forearm/wrist/hand pain, mid and low back pain, left ankle/foot pain, and associated headaches, insomnia, and chronic pain. Recommendations include chiropractic treatment, electromyogram/nerve conduction studies of the bilateral upper extremities, diagnostic ultrasound of the left ankle/foot, cervical spine MRI, psychiatric consultation, internal medicine consultation, sleep consultation, neurology consultation, Norco, and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) and Nerve Conduction Studies (NCV) left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. 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. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case there is no documentation of sensory or motor deficit in the left ankle. There is no indication for electrodiagnostic studies. The request is not medically necessary.