MAXIMUS Federal Services

Case Number:	CM13-0000878		
Date Assigned:	03/05/2014	Date of Injury:	02/02/2013
Decision Date:	05/12/2014	UR Denial Date:	05/30/2013
Priority:	Standard	Application Received:	06/28/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, hand pain, wrist pain, low back pain, groin pain, foot pain, shoulder pain, and headaches reportedly associated with an industrial injury of February 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reportedly normal CT scanning of the head of February 2, 2013; and several months off work, on total temporary disability. In a Utilization Review Report of May 30, 2013, the claims administrator denied a request for electrodiagnostic testing of the upper and lower extremities, citing a variety of MTUS and non-MTUS Guidelines. On February 11, 2013, the applicant was described as off work, on total temporary disability. A subsequent note of April 15, 2013 was notable for comments that the applicant reported blurred vision, anxiety, constant neck pain, headaches, and head pressure. The applicant was placed off work, on total temporary disability. The applicant had positive Tinel and Phalen signs at the wrist, it was stated. The applicant was reporting tingling about the left hand, wrist, and finger, it was further noted. Naprosyn, physical therapy, Ultracet, Fexmid, Xanax, and Prilosec were endorsed. On February 5, 2013, the applicant was described as having pain about the orbit and blurred vision about the eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, does note that EMG testing is recommended to establish a diagnosis of nerve root dysfunction, in this case, however, there is no clear evidence of nerve dysfunction insofar as the lumbar spine is concerned. The multifocal nature of the applicant's complaints, which include the head, shoulder, wrist, low back, face, eyes, etc., superimposed on issues of anxiety and depression, argue against any focal lumbar radiculopathy for which electrodiagnostic testing would be indicated. It is further noted that the principal medical note on file dated April 15, 2013 did not elaborate or expound upon the nature of the applicant's medical issues, lumbar spine issues, or lower extremity issues. Therefore, the request is not certified, for all of the stated reasons.

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend considering EMG testing to clarify diagnosis of nerve root dysfunction in applicants in whom there has been no improvement after one month, in this case, however, the nature, extent, magnitude, scope, and duration of the applicant's symptoms pertaining to the lumbar spine and/or lower extremity has not been clearly detailed, characterized, or related. It is unclear if the applicant in fact developed new onset low back pain and/or if the applicant has low back pain from the outset of the injury. No clear history of injury was provided by the requesting provider. The applicant's multifocal pain complaints and psychological overlay further obfuscate the clinical picture. The progress note provided did not focus on issues pertaining to the lumbar spine and/or lower extremities. No clear differential diagnosis or rationale for testing was provided. Therefore, the request is not certified, on Independent Medical Review.

NCV OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." In this case, however, there is no clear evidence of any entrapment neuropathy or generalized peripheral neuropathy for which nerve conduction testing would be indicated. The attending provider only briefly alluded to issues with left foot pain on the April 15, 2013 progress note. There is no mention made of issues pertaining to the right lower extremity on that note. Accordingly, the request is not certified, for all of the stated reasons.

NCV OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, nerve conduction testing is "not recommended" for routine ankle and foot problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. In this case, however, there is no evidence of any focal entrapment neuropathy, tarsal tunnel syndrome, or systemic disease process such as diabetes which would make generalized peripheral neuropathy more likely. The applicant was only incidentally described on the progress note of April 15, 2013 as reporting left foot pain. This issue was not elaborated or expounded upon. Given the multifocal nature of the applicant's complaints, recent onset of symptoms, and psychiatric overlay, peripheral entrapment neuropathy does not appear to be high on the differential diagnosis. No clear rationale for this request was provided. Therefore, the request is not certified.