MAXIMUS Federal Services

Case Number:	CM13-0007129		
Date Assigned:	03/24/2014	Date of Injury:	04/09/2012
Decision Date:	05/20/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/08/2013

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 has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of April 9, 2012. 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; and work restrictions. In a Utilization Review Report of July 23, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. Little or no rationale is provided. The claims administrator cited a variety of non-MTUS Guidelines, including American Academy of Neuromuscular and Electrodiagnostic Medicine (AANEM) Guidelines and Official Disability Guidelines (ODG), the text of which was not fully provided. The applicant's attorney subsequently appealed. A handwritten June 13, 2013 progress note is sparse, handwritten, difficult to follow, not entirely legible. The applicant was described as reporting persistent facial pain, nose pain, neck pain, shoulder pain, wrist pain, hand pain, mid-back pain, and low back pain. There was some radiation of pain to the feet, it was stated. The applicant reportedly had weak grip strength. This was not clearly detailed or expounded upon. MRI (magnetic resonance imaging) of the shoulder, mid-back, neck, and low back was sought, along with functional capacity testing and electrodiagnostic testing. The electrodiagnostic testing was reportedly ordered to rule out radiculopathy, it was stated. In an earlier note of March 15, 2013, the applicant was described by a prior primary treating provider (PTP) as having previously undergone normal electrodiagnostic testing, although it was not clearly stated whether this electrodiagnostic testing was performed of the upper extremities or lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), electromyography (EMG).

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

Decision rationale: While the MTUS Guideline in ACOEM does state that electromyography (EMG) testing to clarify diagnosis of suspected nerve root dysfunction is "recommended." In this case, however, it is not clearly stated what is suspected. The documentation on file is sparse, handwritten, difficult to follow, and not entirely legible. The multifocal nature of the applicant's complaints, which include the shoulders, wrists, hands, mid-back, low back, nose, neck, etc. argues against the presence of any bonafide radiculopathy for which EMG investigation is needed. It is further noted that no clear treatment log or treatment summary has been provided. It is unclear whether the applicant has had prior electrodiagnostic testing of the lower extremities and/or MRI (magnetic resonance imaging) of the lumbar spine. Accordingly, the request remains not certified, for all of the stated reasons.

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), electromyography (EMG).

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

Decision rationale: While the MTUS Guideline in ACOEM does state that electromyography (EMG) testing is "recommended" to clarify diagnosis of nerve root dysfunction, in this case, however, it is unclear what diagnosis or diagnoses are in fact suspected. The documentation on file is sparse, handwritten, and difficult to follow. No clear treatment log or treatment summary was provided. It is unclear what diagnostic tests have transpired in the past. It is not clearly stated how EMG testing would influence the treatment plan here. Accordingly, the request is not certified, on Independent Medical Review

NCV 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), Nerve Conduction Studies (NCS).

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

Decision rationale: As noted in the MTUS Guideline in ACOEM, electrical studies are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, however, again, it is unclear what is suspected and/or what is sought. There is no evidence that the applicant has systemic disease process such as diabetes which would predispose toward development of generalized peripheral neuropathy or other focal lower extremity entrapment neuropathy. The applicant was described on a progress note of March 12, 2013 as not having any significant medical history or medical problems. Again, the handwritten progress note does not clearly establish a definitive operating diagnosis or differential diagnosis. Therefore, the request is not certified, on Independent Medical Review.

NCV 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), Nerve Conduction Studies (NCS).

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, electrical studies are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, as with the nerve conduction test of the right lower extremity, there is no clearly voiced suspicion of a lower extremity peripheral neuropathy or other entrapment neuropathy for which nerve conduction testing would be indicated. The applicant does not seemingly have a systemic disease process such as diabetes which would predispose toward development of the same. The attending provider has not proffered any applicant-specific rationale or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request remains not certified, on Independent Medical Review