

Case Number:	CM13-0018047		
Date Assigned:	10/11/2013	Date of Injury:	10/10/2012
Decision Date:	11/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 hip and thigh pain reportedly associated with an industrial injury of October 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and earlier epidural steroid injection therapy. In a Utilization Review Report dated August 20, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities while approving an epidural steroid injection and a transfer of care to a pain management physician. The claims administrator suggested that the concurrently approved epidural steroid injection would obviate the need for electrodiagnostic testing and further stated that the applicant had MRI findings which corroborated the applicant's radicular complaints. The applicant's attorney subsequently appealed. In a September 2013 progress note, the attending provider appealed the previously denied epidural steroid injection. The applicant reported that her right leg radicular complaints improved by 80 to 90% following the earlier epidural steroid injection of August 30, 2013. The applicant was using Tylenol with Codeine and Naprosyn, it was acknowledged. The applicant did exhibit a normal gait with some tenderness about the lumbar spine. Home exercises were sought. The attending provider stated that he would also consider facet injection at the next visit. Tylenol with Codeine and Naprosyn were renewed. The applicant was given a 20-pound lifting limitation. It was not clearly stated whether the applicant was working or not. In a July 30, 2013 pain management initial evaluation, the applicant was described as 43 years old with radiation of pain in the right leg. The applicant had no significant past medical history and was using Naprosyn. Electrodiagnostic testing of the right lower extremity and right L4-L5 and L5-S1 epidural steroid injection therapy were sought. The applicant was a nonsmoker, it was further noted. The applicant exhibited a normal gait. 5-

/5 right lower extremity strength was noted versus 5/5 strength about the left lower extremity. The attending provider stated that the applicant had positive MRI findings at the levels in question, L4-L5 and L5-S1 and stated that he was intent on pursuing epidural steroid injection therapy at those levels. In an earlier note dated May 20, 2013 and June 24, 2013, the applicant's spine surgeon stated that the applicant had some evidence of right-sided radiculopathy with a right-sided L5-S1 disk protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity (RLE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy, as is the case here. Both the applicant's pain management physician and the applicant's spine surgeon have stated that the applicant has a clinically-evident, radiographically-confirmed radiculopathy at the L4-L5 and/or L5-S1 levels. The applicant's favorable response to an earlier epidural steroid injection did seemingly corroborate/establish the presence of a bona fide radiculopathy at the levels in question. EMG testing, by definition, is superfluous in the clinical context present here. Therefore, the request is not medically necessary.

NCV of the right lower extremity (RLE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

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 are "not recommended" for routine foot and/or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, however, there is no evidence of a tarsal tunnel syndrome or other entrapment neuropathy. The applicant's symptoms have been conclusively established as a result of lumbar radiculopathy at the L4-L5 and L5-S1 levels. The applicant's favorable response to the epidural steroid injection and positive MRI findings do corroborate the diagnosis of radiculopathy, but there is no mention or suspicion of any superimposed neuropathic process. The applicant does not have a history of diabetes, hypothyroidism, and/or alcoholism, it is incidentally noted. Thus, the

applicant does not have any conditions which would lend themselves toward development of a generalized peripheral neuropathy. Therefore, the request is not medically necessary.