

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0059814 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 07/04/2011 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 low back pain reportedly associated with an industrial injury of July 4, 2011. 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; reported tumor removal surgery in the thoracic spine; and a cane. In a Utilization Review Report dated November 13, 2013, the claims administrator apparently denied a request for electrodiagnostic testing of the bilateral lower extremities. The applicant's attorney subsequently appealed. A progress noted dated May 30, 2013, was notable for comments that the applicant was off of work, on total temporary disability. The applicant was ambulating with an antalgic gait, it was suggested.

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 Page(s): 308-310.

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

Decision rationale: As noted in the ACOEM Guidelines, EMG testing is "not recommended" for clinically obvious radiculopathy. In this case, the claims administrator has posited that the

applicant has a clinically evident, electrodiagnostically confirmed bilateral L4 and S1 radiculopathy. The claims administrator stated that the applicant had early electrodiagnostic testing in 2012 which has definitively established the diagnosis of lumbar radiculopathy. The attending provider and/or applicant's attorney have not furnished any information which would off-set this comment. The attending provider and/or applicant's attorney have not furnished any compelling evidence which would suggest that the applicant has not had the electrodiagnostic testing in question and/or furnished evidence that there has been some alternation in the clinical picture which would compel repeat electrodiagnostic testing at this point in time. Therefore, the request is not medically necessary.

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) Low Back.

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

Decision rationale: As noted in the ACOEM Guidelines, electrical studies are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there was no clearly voiced suspicion or mention of any suspected lower extremity lower neuropathy for which nerve conduction testing of the lower extremity would be indicated. There is no mention that the applicant carries a systemic disease process such as diabetes for which nerve conduction testing of the lower extremities would be indicated. It is further noted that, in his appeal letter, the applicant's attorney alluded to reports from the treating provider dated October 3, 2013. This was not, however, incorporated into the independent medical review packet. Therefore, the request is not medically necessary owing to lack of any compelling rationale for the study in question.

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) Low Back.

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

Decision rationale: As with the request for left lower extremity nerve conduction testing, the ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, there was no clearly voiced suspicion of any lower extremity entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, hypertensive neuropathy, neuropathy of old age, etc., which was raised on any recent progress note provided. It is further noted that the applicant appears to have a diagnosis of clinically evident,

electrodiagnostically confirmed lumbar radiculopathy. The applicant's attorney and/or attending provider have not furnished any compelling information, rationale, or commentary which would off-set either the claims administrator's assertions or the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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

Decision rationale: As noted in the ACOEM Guidelines, EMG testing for a clinically obvious radiculopathy is "not recommended." In this case, the applicant, per the claims administrator, has a clinically evident, electrodiagnostically corroborated radiculopathy. The applicant apparently had earlier electrodiagnostic testing in 2012 which corroborated the applicant's stated diagnosis of lumbar radiculopathy. Repeat electrodiagnostic testing is therefore superfluous. As with the other request(s), the applicant's attorney and/or attending provider have not furnished any compelling applicant-specific information which would off-set the assertions of the claims administrator and/or unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.