MAXIMUS Federal Services

Case Number:	CM14-0005308		
Date Assigned:	01/24/2014	Date of Injury:	12/27/2012
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 and low back pain reportedly associated with an industrial injury of December 27, 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; unspecified amounts of chiropractic manipulative therapy; topical compounds; MRI imaging of left knee on November 12, 2013, notable for degeneration of the medial meniscus and chondromalacia with no evidence of any discrete meniscal tear, and extensive periods of time off of work. In a Utilization Review Report dated December 31, 2013, the claims administrator denied request for electrodiagnostic testing of the bilateral lower extremities. Both the MTUS and non-MTUS Guidelines were cited in the denial. Rationale for the denial was sparse. The claims administrator seemingly based this denial on what was stated was the attending provider's sparse documentation. In a progress note dated November 20, 2013, the applicant was placed off of work, on total temporary disability, for six weeks. The applicant reported ongoing complaints of neck and low back pain. Straight leg raising was positive bilaterally. A 12-session course of physical therapy, topical compounds, Tramadol, and extracorporeal shock wave therapy were endorsed, though the applicant was kept off of work. Earlier electrodiagnostic testing of the lower extremities of September 25, 2013 was interpreted as a normal NCV of the bilateral lower extremities and lumbar nerve root irritation/lumbar paraspinal spasm appreciated on the EMG component of the test. In an earlier consultation report dated February 15, 2013, the applicant was described as specifically denying any history of systemic medical disease processes such as hypertension, asthma, or diabetes. The applicant was described as a nonsmoker on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE 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): Section, Electromyography.

Decision rationale: The MTUS does not address the topic of nerve conduction testing of the lower extremities for issues related to low back pain. While the Third Edition ACOEM Guidelines Low Back Chapter, Electromyography section does note that nerve conduction testing can rule out other causes of lower limb symptoms such as generalized peripheral neuropathy or peroneal compression neuropathy which can mimic sciatica, in this case, however, the applicant has no history of diabetes, hypertension, hypothyroidism, or other systemic disease process which would predispose the applicant toward development of a generalized lower extremity peripheral neuropathy. There is no clearly voiced suspicion of a lower extremity entrapment neuropathy present here. It is further noted that the applicant had earlier underwent essentially normal electrodiagnostic testing of September 2013. There was no evidence of any deterioration in the clinical picture since that point in time which would compel repeat electrodiagnostic testing. Therefore, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE 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): Section, Electromyography..

Decision rationale: Again, the MTUS does not address the topic of nerve conduction testing of the lower extremities in conjunction with applicants with primary complaints of low back pain, as is the case here. As noted in the Third Edition ACOEM Guidelines, nerve conduction studies are used in normal radiculopathy. While nerve conduction testing can be employed to rule out other causes of lower limb symptoms such as generalized peripheral neuropathy or peroneal compression neuropathy which could mimic sciatica, in this case, however, there was no clearly voiced suspicion of generalized peripheral neuropathy, entrapment neuropathy, peroneal compression neuropathy, etc. present here. The applicant did not seemingly carry any systemic disease process such as diabetes, hypertension, or hypothyroidism which would predispose the applicant toward development of a lower extremity peripheral neuropathy. Therefore, the request is not medically necessary.

ELECTROMYOGRAM (EMG) OF THE 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.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, do acknowledge that needle EMG testing is recommended to clarify diagnosis of suspected nerve root dysfunction, in this case, however, the applicant earlier underwent electrodiagnostic testing in September 2013 which failed to uncover any clear evidence of radiculopathy. There has been no clear deterioration in the clinical picture since that point in time which would compel repeat EMG testing. No rationale for the testing in question was proffered. The documentation on file did not make a compelling case for the procedure in question. Therefore, the request is not medically necessary.

ELECTROMYOGRAM (EMG) OF THE 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: Again, while the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does support EMG testing to help clarify diagnosis of nerve root dysfunction in applicants in whom there has been no improvement with conservative treatment, in this case, however, the applicant underwent earlier EMG testing in September 2013, which failed to reveal any clear evidence of radiculopathy. There has been no compelling evidence of clear deterioration in the clinical picture since that point in time which would compel repeat electrodiagnostic testing. No clear rationale for repeat testing was provided here. It is not clearly stated how repeat EMG testing would influence or alter the treatment plan. Therefore, the request is not medically necessary.