MAXIMUS Federal Services

Case Number:	CM14-0107798		
Date Assigned:	08/01/2014	Date of Injury:	07/08/2010
Decision Date:	10/02/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/11/2014

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 low back pain reportedly associated with an industrial injury of July 8, 2010. 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; epidural steroid injection therapy; trigger point injections; earlier knee arthroscopy; and facet joint blocks. In a Utilization Review Report dated July 8, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. Despite the fact that the MTUS addresses the topic, the claims administrator nevertheless invoked non-MTUS ODG Guidelines which seemingly discussed carpal tunnel syndrome.The applicant's attorney subsequently appealed. In a progress note dated June 9, 2014, the applicant reported persistent complaints of low back pain. The applicant last worked in October 2013, it was stated. The applicant was apparently considering spine surgery. The applicant reported pain ranging from 6-8/10. The applicant was using Norco for pain relief. The applicant acknowledged that eight sessions of acupuncture, medial branch blocks, facet injections, and epidural steroid injections had proven unsuccessful. The applicant was using a cane to move about. Lower extremity strength ranged from 4 to 4+/5. The applicant was asked to obtain electrodiagnostic testing of the bilateral lower extremities. It was stated that the applicant did have superimposed issues with blood pressure, insomnia, and weight loss. It was suggested that electrodiagnostic testing of bilateral lower extremities could ultimately lead to lumbar MRI imaging. In an earlier progress note dated February 4, 2014, the attending provider alluded to the applicant's having had earlier lumbar MRI imaging on August 10, 2012, which demonstrated multilevel spinal canal stenosis and neuroforaminal narrowing of uncertain clinical significance with degenerative disk disease also appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Lower Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8,pg 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction, as is apparently present here. In this case, the applicant does have longstanding low back pain complaints radiating into the lower extremities. No clear source of radiculopathy was established on earlier lumbar MRI imaging of August 2012, referenced above. Obtaining EMG testing to clarify the source of the applicant's nerve root dysfunction is therefore indicated. Accordingly, the request is medically necessary.

Nerve Conduction Velocity Study (NCV)- Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, pg 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 neuropathies is "not recommended." In this case, there was no clearly voiced suspicion of any lower extremity entrapment neuropathies, tarsal tunnel syndrome, generalized peripheral neuropathy, diabetic neuropathy, etc., which would compel the nerve conduction testing at issue. The attending provider seemingly suggested that the applicant's symptoms were, in fact, the result of lumbar radiculitis/lumbar radiculopathy process. Nerve conduction testing, thus, is not indicated in the clinical context present here. Therefore, the request is not medically necessary.