

Case Number:	CM14-0168166		
Date Assigned:	10/15/2014	Date of Injury:	06/07/2014
Decision Date:	11/24/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 mid and low back pain reportedly associated with an industrial injury of June 7, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and several months off of work. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. The applicant's attorney subsequently appealed. In a July 11, 2014 progress note, the applicant was kept off of work, on total temporary disability. The applicant was given a diagnosis of possible epididymitis and given naproxen for the same. In a September 17, 2014 progress note, it was acknowledged that the applicant was off of work and had not worked since the date of injury. The applicant was using Norco and Motrin for pain relief. The applicant's past medical history was notable for migraine headaches and two earlier inguinal hernia repair surgeries. A two-month rental of a TENS unit and electrodiagnostic testing of the bilateral upper and bilateral lower extremities was sought. The applicant had had earlier lumbar MRI imaging of July 30, 2014 notable for a 6- to 7-mm disk protrusion at L5-S1 generating associated thecal sac impingement and encroachment on the S1 nerve roots bilaterally. The applicant did report ongoing complaints of low back pain radiating into the left leg with numbness, tingling, and paresthesias about the bilateral lower extremities. The applicant was on Norco and Motrin. 4/5 lower extremity strength was noted with positive straight leg raise bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left Lower Extremity: Upheld

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, page 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. In this case, the applicant has a clinically-evident, radiographically-confirmed lumbar radiculopathy with evidence of a large disk protrusion/herniation noted at the L5-S1 level on MRI imaging of July 30, 2014 generating associated thecal sac impingement and encroachment upon the S1 nerve roots bilaterally. The large disk herniation at L5-S1 is seemingly the source of the applicant's radicular complaints. The EMG testing at issue, thus, is superfluous as the diagnosis in question, lumbar radiculopathy, has already been definitively established, both clinically and radiographically. Therefore, the request is not medically necessary.

Electromyography (EMG) Right Lower Extremity: Upheld

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, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended in applicants with a clinically obvious radiculopathy. In this case, the applicant does, in fact, have clinically evident, radiographically confirmed lumbar radiculopathy. The applicant's ongoing complaints of low back pain with associated bilateral lower extremity paresthesias are seemingly compatible with the large disk herniation noted at the L5-S1 level. The EMG in question, thus, is superfluous as the diagnosis of lumbar radiculopathy has already been definitively established, both clinically and radiographically. Therefore, the request is not medically necessary.

Nerve conduction velocity (NCV) Left Lower Extremity: 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, page 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies such as the NCV at issue are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, as noted previously, the applicant already carries a diagnosis of clinically-evident, radiographically-confirmed lumbar radiculopathy. There was no mention or suspicion of any lower extremity neuropathic process present here. There was no mention of a tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy or diabetic neuropathy present here. The applicant was described on September 17, 2014 office visit in question as having a past medical history negative for any diagnosis which might predispose toward a lower extremity neuropathy, such as diabetes, hypothyroidism, alcoholism, etc. Therefore, the request is not medically necessary.

Nerve conduction velocity (NCV) Right Lower Extremity: 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, page 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies such as a nerve conduction testing at issue are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there was/is no evidence of any neuropathic process involving the lower extremities such as a diabetic neuropathy, generalized compression neuropathy, tarsal tunnel syndrome, other entrapment neuropathy, etc. The applicant's already established, clinically evident and radiographically confirmed diagnosis of lumbar radiculopathy would seemingly obviate the need for the nerve conduction testing at issue. Therefore, the request is not medically necessary.