

Case Number:	CM14-0173288		
Date Assigned:	10/24/2014	Date of Injury:	06/29/1992
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 June 28, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; trigger point injection therapy; a spinal cord stimulator implantation; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for electrodiagnostic testing of lower extremities, invoking non-MTUS ODG guidelines and incorrectly stating that the MTUS did not address the topic. The claims administrator stated that the applicant had earlier electrodiagnostic testing of August 2006 which did demonstrate radiculopathy at the L5 and S1 levels. The applicant's attorney subsequently appealed. In an October 10, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg, highly variable. The applicant was using Percocet, Norco, tramadol, Soma, Valium, Naprosyn, and Prilosec, it was acknowledged. The attending provider stated that the applicant had a solid fusion at the L2-L3, L3-L4, L4-L5 and L5-S1 levels. The attending provider stated that he would like to move forward with a new spinal cord stimulator trial, noting that the applicant's functional status was diminishing. The attending provider stated that the applicant's left lower extremity radiculopathy is particularly bad. The attending provider stated that an updated EMG would be helpful in determining whether the applicant was worsened or whether new nerve roots were involved. The attending provider did state, however, that the applicant's fusion was solid and that there was no further surgery indicated here. The applicant was again placed off of work, on total temporary disability, multiple medications were refilled. In an earlier note dated September 10, 2014, the applicant received trigger point injections in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic test EMG, lower extremities: 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), EMG

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 obvious, already electrodiagnostically-confirmed radiculopathy. Earlier electrodiagnostic testing did reportedly demonstrate a multilevel lumbar radiculopathy. It is not clear why a repeat testing is being sought here. It appears that the attending provider requested the EMG testing at issue for largely academic purposes, to determine whether the applicant's radiculopathy had progressed electrodiagnostically and/or extended to different levels. Again, however, the attending provider did not clearly state how the proposed testing would influence or alter the treatment plan. The attending provider's own progress note suggested that the applicant was not a candidate for further spine surgery, implying that the EMG testing in question would not influence or alter the treatment plan. Therefore, the request is not medically necessary.