

Case Number:	CM14-0178719		
Date Assigned:	11/03/2014	Date of Injury:	02/03/2014
Decision Date:	12/18/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 low back pain reportedly associated with an industrial injury of February 3, 2014. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, citing earlier electrodiagnostic testing dated August 14, 2014 which demonstrated a possible left S1 radiculopathy. The claims administrator also denied a neurology consultation on the grounds that there was nothing that a neurologist could add to the applicant's treatment plan. The claims administrator did not incorporate cited non-MTUS Chapter 7 ACOEM Guidelines into its rationale, however. The applicant's attorney subsequently appealed. In a July 10, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into left leg. The applicant had had earlier lumbar MRI demonstrating an L4-L5 broad-based disk protrusion with associated left-sided neuroforaminal stenosis. Well-preserved lower extremity strength and sensorium were appreciated. The applicant was given diagnosis of lumbar disk herniation at the L4-L5 level with associated radicular complaints. Repeat electrodiagnostic testing was sought on the grounds that earlier electrodiagnostic testing did not correlate with the applicant's symptoms. Norco, Motrin, and a rather proscriptive 10-pound lifting limitation were endorsed. It did not appear that the applicant was working with said limitation in place. In an earlier progress note dated February 24, 2014, the applicant was described as having ongoing complaints of low back pain with associated disk herniations at L4-L5 and L5-S1. The applicant was given diagnosis of L5 radiculopathy. The actual lumbar MRI report of February 28, 2014 was notable for comments that the applicant had broad-based disk protrusion at L5-S1 generating bilateral neuroforaminal stenosis, left greater than right, with impingement upon the left L5 nerve root. In a September 30, 2014 progress note, the applicant was placed off of work, on total temporary disability. It was

stated that the applicant had had 40 sessions of physical therapy for low back, left shoulder, and neck pain, without seeming benefit. The applicant was receiving Workers' Compensation indemnity benefits, it was acknowledged. In a February 24, 2014 consultation, it was stated that the applicant denied any issues with hypertension, dyslipidemia, and/or other systemic disease processes.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Table 12-8, page 309; Chapter 14, Table 14-6, page 377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. Here, the applicant has a clinically evident, radiographically confirmed radiculopathy with evidence of a large disk herniation at the L5-S1 level appreciated on lumbar MRI imaging of February 28, 2014. It is not clear why EMG testing is being sought in the face of the applicant's already clinically evident, radiographically confirmed diagnosis of lumbar radiculopathy. Therefore, the EMG component of the request is not medically necessary. Similarly, the NCV component of the request is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies such as the NCV testing at issue are "not recommended" for routine foot or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was/is no evidence that the applicant had any issues with suspected tarsal tunnel syndrome, lower extremity entrapment neuropathy, generalized peripheral neuropathy, etc., on or around the date in question. The applicant was 24-25 years old, making a neuropathy of old age unlikely. There was likewise no history of alcoholism, diabetes, and/or hypothyroidism which might predispose the applicant toward development of a lower extremity neuropathy. Therefore, the NCV component of the request is likewise not indicated. Since both the EMG and NCV components of the request are not recommended in the clinical context present here, the request is not medically necessary.

Neurology Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter 7 Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction section.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant's multifocal pain complaints have proven recalcitrant to time, medications, physical therapy, etc. The applicant is off of work. Obtaining the added expertise of a physician in another specialty, such as neurology, is therefore indicated. Accordingly, the request is medically necessary.