

Case Number:	CM14-0179759		
Date Assigned:	11/05/2014	Date of Injury:	09/17/2011
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 September 17, 2011. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator stated that it was basing its decision on an October 7, 2014 progress note on which it was suggested that the applicant did have complaints of low back pain radiating into legs with associated hyposensorium about the lower extremities. The claims administrator then cited MTUS and non-MTUS Guidelines, stated that these guidelines were not met, and proceeded to deny the request. The applicant's attorney subsequently appealed. In an October 7, 2014 progress note, the attending provider noted that the applicant had ongoing complaints of mid back pain, low back pain, hand pain, wrist pain, and elbow pain. The attending provider stated that the applicant had persistent numbness about the hands and back pain radiating down the legs. The applicant was placed off of work, on total temporary disability. The applicant also exhibited triggering about the digits and diminished grip strength about the dominant right hand. The applicant was given diagnoses of right middle finger trigger finger, prior release of right index, ring, and small fingers, possible right carpal tunnel syndrome, left index finger trigger finger, chronic low back pain with possible radiculopathy, and status post right middle finger trigger finger release of April 15, 2014. In an April 14, 2014 progress note, the applicant was described as having ongoing issues with painful right third digit trigger finger. The applicant was pending a right third digit trigger finger release surgery. The applicant's past medical history is notable for chronic low back pain, for which she was using Norco and Motrin. The applicant was medically cleared to pursue the right trigger finger release surgery. In an earlier note dated April 22, 2014, the applicant reported ongoing complaints of right third digit pain. The applicant was 36 years

old as of the date, it was noted. The applicant exhibited positive straight leg raising and diminished sensorium about the L5 distribution about the bilateral lower extremities. The applicant was placed off of work, on total temporary disability, for an additional four to six weeks. MRI imaging of the lumbar spine was sought. The applicant was asked to return for suture removal. On October 7, 2014, the applicant was again placed off of work, on total temporary disability, for an additional four to six weeks. It was stated that the applicant had ongoing complaints of low back pain radiating into the bilateral lower extremities on this occasion. This particular note appeared to be distinct from a separate October 7, 2014 progress note issued by another treating provider. The applicant did report paresthesias about the bilateral lower extremities, in addition to ongoing low back pain complaints, and also reported difficulty gripping and grasping with the bilateral hands. Hyposensorium was noted about the L5 distribution bilaterally with positive straight leg raising appreciated. Electrodiagnostic testing of the bilateral lower extremities was sought while the applicant was kept off of work. The remainder of the file was surveyed. The bulk of the treatment to date appears to have focused on the applicant's multiple trigger fingers, with comparatively little to no diagnostic workup involving the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, needle EMG testing is recommended to clarify diagnosis of nerve root dysfunction in applicants who failed to demonstrate improvement after one month of conservative care/observation. Here, the applicant has had ongoing complaints of low back pain and attendant lower extremity paresthesias for what appears to be a span of several months. Obtaining EMG testing to establish the presence or absence of nerve root dysfunction is therefore indicated. Accordingly, the request is medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 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 neuropathy is "not recommended." Here, however, there was/is no compelling evidence of any lower extremity peripheral neuropathy, compressive neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc. The applicant was 36-37 years old as of the date of the request, making any kind of neuropathy of old age unlikely. It appeared, based on the attending provider's description of events, that radiculopathy was the only suspected diagnosis here. There was no clear or compelling evidence, mention, or suspicion of any superimposed process, such as the tarsal tunnel syndrome, peripheral neuropathy, diabetic neuropathy, etc. Therefore, the request is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 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 deemed "not recommended." Here, however, there is, in fact, no clinical evidence of tarsal tunnel syndrome, an entrapment neuropathy, a compressive neuropathy, a diabetic neuropathy, etc. The applicant was 36-37 years old as of the date of the request, making any kind of generalized peripheral neuropathy unlikely. The applicant has no history of systemic disease process such as diabetes, hypothyroidism, and/or alcoholism which would lend itself toward development of a generalized lower extremity neuropathy. Therefore, the request is not medically necessary.

EMG Left Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 nerve root dysfunction in applicants with low back and/or lower extremity pain in whom there has been no improvement after at least one month of conservative care/observation. Here, the applicant has had ongoing complaints of low back, lower extremity pain, and paresthesias of the lower extremities for what appears to be a span of several months. Obtaining the EMG testing at issue would be invaluable in helping to establish a diagnosis of lumbar radiculopathy, as is apparently suspected here. Therefore, the request is medically necessary.