MAXIMUS Federal Services

Case Number:	CM14-0183777		
Date Assigned:	11/07/2014	Date of Injury:	02/02/2012
Decision Date:	12/18/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 knee pain, low back pain, depression, anxiety, sleep disturbance, and hearing loss reportedly associated with cumulative trauma at work first claimed on February 2, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; and work restrictions.In a Utilization Review Report dated November 16, 2014, the claims administrator partially approved request for electrodiagnostic testing of the bilateral lower extremities as EMG testing of the bilateral lower extremities alone. Non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines were invoked, although the former were mislabeled as originating from the MTUS. The claims administrator stated that its decision was based on a September 29, 2014 progress note and associated Request for Authorization (RFA) form. The applicant's attorney subsequently appealed.In a progress note dated May 20, 2014, the applicant reported ongoing complaints of low back pain radiating to the left thigh and left leg in the L5 distribution. The applicant was reported limited in terms of activities of daily living. 5-/5 left lower extremity strength was appreciated versus 5/5 right lower extremity strength. Some hypo-sensorium was appreciated about the left leg. The applicant reportedly exhibited normal gait, it was stated in one section of the note, while in another section it was stated that the applicant was unable to perform heel and toe ambulation. Naprosyn, Inderal, and Wellbutrin were endorsed, along with a 15- to 25-pound lifting limitation. It was suggested that the applicant was working with said limitation in place.An earlier note dated April 11, 2014 also reported ongoing complaints of low back pain radiating to the left leg with associated weakness and numbness about the left lower extremity. Naprosyn, Wellbutrin, and Inderal were renewed.In a September 29, 2014, Doctor's First Report (DFR), the applicant apparently transferred care to a new primary treating provider.

It was noted that the applicant had developed issues with depression, anxiety, and sleep disturbance. The applicant was now off of work. The applicant had last worked on August 28, 2014, it was stated. The applicant was also reporting issues with hearing loss. The applicant had history of prior lumbar spine surgery. A surgical scar was evident was about the lumbar spine. Hypo sensorium and muscular atrophy were appreciated about the left thigh. Topical compounded medication, functional capacity evaluation, physical therapy, and work restrictions were endorsed. Electrodiagnostic testing of the bilateral lower extremities was sought. The applicant's past medical history was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Diagnostic and Treatment Considerations section; ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Diagnostic Testing section.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies are not recommended for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was/is no mention of any issues with suspected tarsal tunnel syndrome, peripheral neuropathy, generalized neuropathy, diabetic neuropathy, etc. All of the applicant's symptoms were considered the result of residual left-sided lumbar radiculopathy following earlier failed lumbar spine surgery. The Third Edition ACOEM Guidelines Low Back Chapter further notes that nerve conduction studies are usually no more in radiculopathy. While ACOEM qualifies its position by noting in the Third Edition Guidelines Chronic Pain Chapter that nerve conduction testing is recommended when there is evidence of a peripheral systemic neuropathy of uncertain cause, in this case, however, there was no clearly voiced suspicion of peripheral neuropathy. There was no mention of the applicant's carrying comorbid diagnosis such as hypothyroidism, alcoholism, diabetes, etc., which predisposes itself toward development of lower extremity neuropathy. It is further noted that the applicant's symptoms are seemingly confined to the symptomatic left lower extremity. There was no mention of the applicant having any symptoms associated with the reportedly asymptomatic right lower extremity. Therefore, the request is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Third Edition, Low Back Chapter, Electromyography section; ACOEM Practice Guidelines Third Edition, Chronic Pain Chapter, Diagnostic Testing section.

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 are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant carrying a diagnosis of tarsal tunnel syndrome or other entrapment neuropathy. All documentation on file pointed to the applicant carrying a diagnosis of residual left lower extremity lumbar radiculopathy, following earlier failed lumbar spine surgery. The Third ACOEM Guidelines Low Back Chapter notes that the nerve conduction studies are "usually normal" in radiculopathy. While ACOEM qualifies its position by noting that Third Edition Guidelines Chronic Pain Chapter that nerve conduction testing is recommended when there is a peripheral systemic neuropathy of uncertain cause, in this case, however, there was no clearly voiced suspicion of systemic neuropathy, diabetic neuropathy, peripheral neuropathy, etc. There was no mention of the applicant's carrying a diagnosis such as hypothyroidism, diabetes, or alcoholism, which would predispose itself toward development of lower extremity neuropathy. Therefore, the request is not medically necessary.