

Case Number:	CM14-0022102		
Date Assigned:	05/09/2014	Date of Injury:	01/18/2010
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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, bilateral leg pain, bilateral foot pain, and knee pain associated with an industrial injury of January 18, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and unspecified amounts of physical therapy over the life of the claim. In a handwritten progress note dated March 3, 2014, the applicant is described as reporting persistent low back pain radiating to the bilateral legs. It is stated that the applicant is not interested in surgery at this point. 4/5 strength was appreciated on manual muscle testing. Electrodiagnostic testing and a pain management consultation were sought. The applicant's work status was not detailed. In an applicant questionnaire dated March 3, 2014, however, the applicant acknowledged that she was not working. In another note dated February 2, 2014, the applicant was again described as not interested in lumbar fusion surgery and, furthermore, did want to do any conservative treatment. The applicant was asked to continue unspecified pain management and pursue electrodiagnostic testing. No clear record of what treatment or treatments transpired was provided. However, in a neurologic evaluation/consultation dated December 10, 2013, the applicant was described as having had reportedly normal electrodiagnostic testing of the bilateral upper and bilateral lower extremities at an unspecified point in time. The applicant had an MRI imaging of the lumbar spine demonstrating an 8-9mm protrusion at L4-L5 causing attendant central stenosis. The applicant was not working. The applicant's medication list was notable for Hydrocodone, Omeprazole, Ketoprofen, and Gabapentin. The applicant's past medical history was negative for hypertension, diabetes, hepatitis, or any other systemic disease process.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, EMG testing is not recommended for applicants with a clinical obvious radiculopathy, as is the case here. In this case, the applicant has clinically evident, radiographically confirmed lumbar radiculopathy with a single large unilevel disk protrusion, which is responsible for the applicant's ongoing radicular complaints. Electrodiagnostic testing is not indicated as the diagnosis of radiculopathy has already been definitively established. Therefore, the request is not medically necessary.

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM) 3RD EDITION , LOW BACK CHAPTER, ELECTROMYOGRAPHY SECTION.

Decision rationale: The MTUS guidelines do not address the topic of nerve conduction testing for issues pertaining to the lumbar spine, so alternate guidelines were used. While the Third Edition ACOEM Guidelines do note that nerve conduction testing can be used to rule out other causes for lower limb symptoms such as generalized peripheral neuropathy or peroneal compression neuropathy, which can mimic sciatica, in this case, the applicant does not have systemic disease process such as diabetes, hypertension or hypothyroidism, which was predisposed toward development of any generalized peripheral neuropathy. The applicant already has a clinically evident, radiographically confirmed radiculopathy. Electrodiagnostic testing, including the nerve conduction testing sought here, is therefore superfluous. Accordingly, the request is not medically necessary.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Low Back Chapter, Electromyography section.

Decision rationale: The MTUS guidelines do not address the topic of nerve conduction testing for issues pertaining to the lumbar spine, so alternate guidelines were used. While the Third Edition ACOEM Guidelines do note that nerve conduction testing can be used to rule out other causes for lower limb symptoms such as generalized peripheral neuropathy or peroneal compression neuropathy, which can mimic sciatica, in this case, the applicant does not have systemic disease process such as diabetes, hypertension or hypothyroidism, which was predisposed toward development of any generalized peripheral neuropathy. The applicant already has a clinically evident, radiographically confirmed radiculopathy. Electrodiagnostic testing, including the nerve conduction testing sought here, is therefore superfluous. Accordingly, the request is not medically necessary.

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, EMG testing is not recommended for applicants with a clinical obvious radiculopathy, as is the case here. In this case, the applicant has clinically evident, radiographically confirmed lumbar radiculopathy with a single large unilevel disk protrusion, which is responsible for the applicant's ongoing radicular complaints. Electrodiagnostic testing is not indicated as the diagnosis of radiculopathy has already been definitively established. Therefore, the request is not medically necessary.