MAXIMUS Federal Services

Case Number:	CM14-0024677		
Date Assigned:	06/11/2014	Date of Injury:	07/27/2011
Decision Date:	07/21/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 July, 27, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar MRI imaging of December 21, 2013, notable for moderate neuroforaminal stenosis at L4-L5 and associated canal and neuroforaminal stenosis at L3-L4; and topical agents.In a Utilization Review Report dated January 30, 2014, the claims administrator apparently approved/partially approved the electromyography of the left lower extremity. Non-MTUS ODG Guidelines were cited. The claims administrator stated that the attending provider had agreed to modify a request for EMG/NCV testing of the bilateral lower extremities to EMG testing of the left lower extremity alone during a teleconference.The applicant's attorney subsequently appealed.In a January 17, 2014 progress note, the applicant presented with neck, shoulder, upper back, and low back pain reportedly associated with cumulative trauma over the course of several years of employment as grape picker at a farm. The applicant presented with neck pain, shoulder pain, upper back pain, and psychological stress. The applicant apparently had some evidence of positive straight leg raising about the bilateral lower extremities on exam. The attending provider stated that the applicant should undergo updated MRI imaging of the lumbar spine and left shoulder as well as electrodiagnostic testing of the bilateral lower extremities. It was stated that the applicant likely had a left L5 radiculopathy here. The applicant denied any personal history of diabetes or hypertension, it was further noted. The applicant noted that there was radiation of pain to the left lower extremity present here. There was no mention of any radiation of pain to other limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 12, table 12-8, pg. 309; and Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Low Back , Diagnostic and Treatment Considerations , Electromyography.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing is recommended to clarify diagnosis of nerve root dysfunction, in this case, however, the applicant is only symptomatic insofar as the left lower extremity is concerned. There is no evidence of any symptoms associated with the right lower extremity which would support EMG testing of the same. The MTUS did not address the topic of nerve conduction testing for primary diagnosis of low back pain. As noted in the Third Edition ACOEM Guidelines, however, nerve conduction testing is usually normal in a radiculopathy. In this case, the applicant does not, furthermore, have systemic disease process such as diabetes, hypertension, or hypothyroidism which might predispose the applicant toward development of a lower extremity peripheral neuropathy which would support nerve conduction testing of the same. Therefore, the request cannot be supported as the request includes nerve conduction testing, which is not supported here, and includes EMG testing of the asymptomatic right lower extremity. Accordingly, the request is not medically necessary.