Case Number:	CM14-0039353		
Date Assigned:	06/30/2014	**Date of Injury:**	09/06/2013
Decision Date:	12/23/2014	**UR Denial Date:**	03/28/2014
Priority:	Standard	**Application Received:**	04/03/2014

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 low back, wrist, and neck pain reportedly associated with an industrial injury of September 6, 2013.In a Utilization Review Report dated March 28, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator's rationale was sparse and quite difficult to follow. The claims administrator did seemingly suggest that the applicant had lower extremity neurologic dysfunction which would compel the EMG component of the request but stated that it could not support the NCV component of the request, given the primary suspected diagnosis of radiculopathy. Despite seemingly endorsing the EMG component of the request, the claims administrator's summary decision was an outright denial as opposed to a partial approval.The applicant's attorney subsequently appealed.In a July 28, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain reportedly attributed to in-flight turbulence. The applicant was not working, it was acknowledged. The applicant had had physical therapy treatment, a TENS unit, and acupuncture, it was stated. The applicant presented with ongoing complaints of low back and neck pain with associated radicular complaints, mainly on the right side. The applicant had no known history of heart disease, diabetes, hypertension, or other general medical condition. The applicant denied drinking. The applicant exhibited a normal gait. Hyposensorium was noted about the right leg with intact sensorium appreciated about the left lower extremity. Reflexes were symmetric. 5/5 lower extremity strength was appreciated. MRI imaging of lumbar spine revealed low-grade 2- to 3-mm disk protrusions at L5-S1 and L3-L4, it was acknowledged. The applicant was given a 19% whole-person impairment rating.Electrodiagnostic testing of bilateral upper extremities was apparently performed on June 12, 2014 and was negative for any carpal tunnel syndrome, ulnar neuropathy,

cervical radiculopathy, lumbar radiculopathy, tarsal tunnel syndrome or other peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG), right lower extremity: Overturned

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 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 suspected nerve root dysfunction as was/is present here. The applicant did have ongoing complaints of low back pain radiating to the right leg. Hyposensorium was appreciated about the right leg on exam. Earlier MRI imaging was equivocal. EMG testing to help establish the diagnosis of suspected nerve root dysfunction/right lower extremity radiculopathy was, thus, indicated, given the applicant's persistent radicular complaints and equivocal MRI imaging. Accordingly, the request was medically necessary.

Nerve Conduction Studies (NCS), 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 (ODG), Low Back Chapter, Online Version: Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Third Edition, Low Back Chapter, Nerve Conduction Studies 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 without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." Similarly, the Third Edition ACOEM Guidelines Low Back Chapter likewise takes the position that nerve conduction studies are usually normal in radiculopathy, as was suspected here. While ACOEM does acknowledge that nerve conduction testing can help to rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, etc., which could mimic sciatica, in this case, however, there was no clearly voiced statement that the attending provider suspected issues such as a generalized peripheral neuropathy, compression neuropathy, tarsal tunnel syndrome, etc. The applicant did not, furthermore, carry a systemic diagnosis such as diabetes, hypothyroidism, or alcoholism which would predispose the applicant toward development of a lower extremity neuropathy. Therefore, the request was not medically necessary.

Electromyography (EMG), left lower extremity: 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 11 Forearm, Wrist, and Hand Complaints Page(s): 309, 272.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, does recommend EMG testing to help clarify diagnosis of suspected nerve root dysfunction in applicants whose radicular complaints have failed to respond to at least one month of conservative treatment, in this case, however, all of the applicant's radicular complaints and radicular symptoms were confined to the symptomatic right lower extremity. There was no mention of the applicant's having any issues with radicular complaints about the seemingly asymptomatic left upper extremity. It was not stated why testing of an asymptomatic body part, the left lower extremity, was performed here. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 specifically notes that the routine usage of EMG testing in the evaluation of applicants without symptoms is "not recommended." Here, testing of the asymptomatic left lower extremity, thus, ran counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.

Nerve Conduction Studies (NCS), 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 (ODG), Low Back Chapter, Online Version: Nerve Conduction Studies (NCS)

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, Chronic Pain Chapter, Nerve Conduction Studies section

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, routine usage of electrical studies of the ankle and foot are not recommended absent some history or suspicion of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there is no mention of the applicant's carrying a diagnosis of suspected tarsal tunnel syndrome and/or entrapment neuropathy of the left lower extremity. The applicant's radicular complaints, it is further noted, were seemingly confined to the symptomatic right lower extremity. It is not clearly stated why nerve conduction testing of the left lower extremity was performed, given the absence of any suspected neurologic or radicular process involving the same. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction testing when there is suspected peripheral systemic neuropathy present. In this case, however, the applicant did not carry any systemic disease process such as diabetes, hypothyroidism, alcoholism which would predispose toward development of generalized lower extremity neuropathy. Therefore, the request was not medically necessary.