

Case Number:	CM14-0077236		
Date Assigned:	07/18/2014	Date of Injury:	01/28/2013
Decision Date:	09/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 January 28, 2013. Thus far, the applicant has been treated with analgesic medications; attorney representation; topical compounds; and unspecified amounts of physical therapy over the life of the claim. In Utilization Review Report dated March 14, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, citing a variety of MTUS and non-MTUS Guidelines. On March 7, 2014, the applicant received an L5-S1 epidural steroid injection under fluoroscopy for an operating diagnosis of left lower extremity lumbar radiculitis. In a doctor's first report dated April 4, 2014, the applicant apparently transferred care to a new primary treating provider, reporting ongoing complaints of low back pain. The applicant had already received one prior epidural steroid injection, it was suggested, and 12 sessions of physical therapy. 8/10 low back pain radiating to the left leg was noted. 12 additional sessions of physical therapy, electrodiagnostic testing of bilateral lower extremities, a pain management consultation, urine and drug testing, and several topical compounds were endorsed. Work restrictions were also suggested, although it did not appear that the applicant is working with said limitations in place. It was suggested that the applicant had had prior lumbar MRI imaging on November 6, 2013, which demonstrated degenerative disk disease and facet arthropathy, among other things. The note was extremely difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Lower Left Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14) EMGs (electromyography).

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 "not recommended" for a diagnosis of clinically obvious radiculopathy. In this case, the applicant apparently has a clinically evident, radiographically confirmed radiculopathy. The attending provider apparently went on to perform epidural steroid injections on this basis, it appears. It is unclear what role EMG testing would serve in this context, particularly as the diagnosis of lumbar radiculopathy already appears to be clinically evident and radiographically confirmed. Therefore, the request is not medically necessary.

NCV Lower Right 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 (updated 03/31/14) Nerve conduction studies (NCS).

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 are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there is no evidence or clearly stated suspicion of any entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, tarsal tunnel syndrome, etc., which would compel the nerve conduction testing at issue. Therefore, the request is not medically necessary.

NCV Lower Left 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 (updated 03/31/14) Nerve conduction studies (NCS).

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 such as the NCV at issues here are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, as with the request for nerve conduction testing of the

right lower extremity, there was/is no clearly voiced suspicion of diabetic neuropathy, generalized peripheral neuropathy, or entrapment neuropathy such as tarsal tunnel syndrome, which would support nerve conduction testing of the left lower extremity being proposed here. Therefore, the request is not medically necessary.

EMG Lower Right Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14) EMGs (electromyography).

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 "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the applicant apparently has a clinically obvious, radiographically confirmed radiculopathy. The applicant has received epidural steroid injection therapy for the same. It is unclear what role EMG testing would serve in this context, given the fact that the diagnosis at issue has already been seemingly confirmed. Therefore, the request is not medically necessary.