

Case Number:	CM14-0118036		
Date Assigned:	08/06/2014	Date of Injury:	02/23/2010
Decision Date:	04/21/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 23, 2010. In a Utilization Review Report dated July 18, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper extremities. The claims administrator did frame the request as a request for repeat electrodiagnostic testing. A June 12, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a June 12, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity. Left lower extremity paresthesias were evident. The applicant had apparently had negative lumbar MRI imaging demonstrating only a low grade 2 mm disk bulge at the L5-S1 level, the treating provider posited. Vicodin, Flexeril, and electrodiagnostic testing of bilateral lower extremities were endorsed, along with quantitative and confirmatory urine drug testing. The applicant was also given Lidoderm patches and Ambien. Permanent work restrictions previously imposed by a medical-legal evaluator were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309; 272.

Decision rationale: No, the request for EMG testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to help clarify diagnosis of suspected nerve root dysfunction, this recommendation is, however, qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV and EMG testing in the diagnostic evaluation of the applicant's without symptoms is deemed "not recommended." Here, the applicant symptoms, the treating provider reported, were confined to the symptomatic left lower extremity. The proposed EMG testing of the bilateral lower extremities, thus, would involve testing of the asymptomatic right lower extremity and was, thus, at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.

Nerve Conductive Velocity (NVC) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: Similarly, the request for nerve conduction testing of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, the routine usage of electrical studies (AKA nerve conduction studies) in the evaluation of foot and/or ankle complaints without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is deemed "not recommended." Here the sole suspected consideration was lumbar radiculopathy. There is no mention of the applicant's having a superimposed diagnostic consideration such as a generalized peripheral neuropathy, diabetic neuropathy, tarsal tunnel syndrome, etc. Therefore, the request was not medically necessary.