

Case Number:	CM14-0138397		
Date Assigned:	09/08/2014	Date of Injury:	10/01/2005
Decision Date:	04/23/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2005. In a Utilization Review Report dated July 20, 2014, the claims administrator failed to approve requests for electrodiagnostic testing of the bilateral lower extremities. The claims administrator did not seemingly incorporate any guidelines into its rationale but stated, at the bottom of the report, that the decision was based on non-MTUS Third Edition ACOEM Guidelines. The claims administrator also suggested that the applicant's claim had been filed after she has been terminated by her former employer. The applicant's attorney subsequently appealed. In a July 7, 2014 progress note, the applicant was given a diagnosis of lumbar radiculopathy. Hyposensorium was noted about the bilateral lower extremities in the L5-S1 distribution, right greater than left. The attending provider reiterated his request for MRI imaging of the lumbar spine and an electrodiagnostic testing of the lower extremities. Norco, Neurontin, and Prilosec were renewed. The attending provider stated that MRI imaging and electrodiagnostic testing would be employed to finalize the applicant's impairment rating. The attending provider, thus, suggested that both the MRI imaging and electrodiagnostic testing in question were intended for medical-legal purposes as opposed to for clinical purposes. On November 19, 2013, the applicant's medical-legal evaluator acknowledged that she was not, in fact, working. Permanent work restrictions were endorsed. The applicant was given a 23% whole-person impairment rating for various orthopedic and neurological diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: 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 Page(s): 309.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is not recommended for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant already carried a diagnosis of clinically evident lumbar radiculopathy, both the applicant's primary treating provider (PTP) and the applicant's medical-legal evaluator acknowledged. The electrodiagnostic testing in question was apparently being pursued for the purposes of finalizing the applicant's impairment rating. The attending provider, thus, implicitly acknowledged that he had no intention of acting on the results of the study in question. There was no mention of the applicant's willingness to consider any kind of surgical intervention or interventional procedure based on the outcome of the study in question. A compelling case for electrodiagnostic testing in the face of the applicant's already carrying an established diagnosis of lumbar radiculopathy was not, thus, set forth here. Therefore, the request was not medically necessary.