

Case Number:	CM14-0173284		
Date Assigned:	10/24/2014	Date of Injury:	09/24/2012
Decision Date:	05/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/20/2014

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, hand, neck, shoulder and leg pain reportedly associated with an industrial motor vehicle accident (MVA) of September 24, 2012. In a Utilization Review report dated October 20, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the right lower extremity. The applicant's attorney subsequently appealed. On September 25, 2014, the applicant apparently transferred care to a new primary treating provider, reporting ongoing complaints of low back pain radiating to the bilateral lower extremities, right greater than left, 8/10. Physical therapy had proven unsuccessful. The applicant exhibited altered sensorium about the right leg and positive straight leg raising about the same on exam. X-rays in the clinic demonstrated significant multilevel spondylolisthesis and findings apparently suggestive of severe neurologic compression at L4 through S1. The applicant was reportedly having issues with leg weakness and associated giving way. MRI imaging of the lumbar spine, CT imaging of the lumbar spine, and electrodiagnostic testing of the bilateral lower extremities were proposed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right lower extremity, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308; 477.

Decision rationale: No, the request for EMG-NCV testing of the right lower extremity 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 deemed "not recommended" for applicants with a clinically obvious radiculopathy, as was/is present here. The applicant's ongoing complaints of low back pain radiating to the leg, hyposensorium about the right leg, positive straight leg raising, and x-rays suggestive of spondylolisthesis and degenerative disk disease, taken together, do suggest that the applicant has a clinically active lumbar radiculopathy which effectively obviated the need for the electrodiagnostic testing in question. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) of the feet and/or legs are "not recommended" unless there is a clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, the applicant's presentation was consistent with a known lumbar radiculopathy. There was no mention of the applicant's having any suspected superimposed issues such as tarsal tunnel syndrome, peroneal neuropathy, generalized compression neuropathy, diabetic neuropathy, etc., present here. It is further noted that imaging studies which were also the subject of dispute were approved through separate Independent Medical Review reports (CM14-0171600 and CM14-0171598), which, if positive, would further obviate the need for the electrodiagnostic testing at issue. Therefore, the request was not medically necessary.