

Case Number:	CM14-0177269		
Date Assigned:	10/30/2014	Date of Injury:	03/21/2008
Decision Date:	01/09/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 March 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery in August 2012; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated October 6, 2014, the claims administrator reportedly failed to approve a request for electrodiagnostic testing of the lower extremities. The full text of the Utilization Review Report, however, was not provided. In a September 8, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Neurontin, Norco, Tizanidine, and Cymbalta. The applicant exhibited a primary diagnosis of failed back syndrome with secondary diagnoses of depression and anxiety. Tizanidine and cognitive behavioral therapy were endorsed. The applicant's work status was not furnished on this occasion. In an August 26, 2014 progress note, the applicant was placed off of work, on total temporary disability. A spinal cord stimulator trial was of no benefit. Electrodiagnostic testing was sought while the applicant was kept off of work. On August 26, 2014, the applicant asked to increase Neurontin for radicular complaints. The applicant was also using Tizanidine, Cymbalta, and Norco, it was acknowledged. Electrodiagnostic testing was again sought on this occasion. On July 15, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant had residuals of the earlier failed lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (electromyogram/ nerve conductive velocity) study of the lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): Table 12-8, 309; Table 14-6, page 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Diagnostic and Treatment Considerations

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 had a clinically evident radiculopathy status post earlier failed lumbar spine surgery. It is not clear why electrodiagnostic testing is being sought as the diagnosis in question, lumbar radiculopathy, is already clinically obvious. It is not clear how the electrodiagnostic testing in question would influence or alter the treatment plan. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, it is further noted, states that electrical studies such as the NCV component of the request at issue here is "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no compelling evidence or mention of suspected tarsal tunnel syndrome, entrapment neuropathy, diabetic neuropathy, generalized lower extremity neuropathy, etc., present and/or suspected here. The Third Edition ACOEM Guidelines further note that nerve conduction testing are usually normal in radiculopathy. Thus, neither the EMG nor the NCV component of the request can be supported here on the grounds that the applicant already has a clinically evident lumbar radiculopathy status post earlier failed lumbar spine surgery and on the grounds that the applicant does not have evidence or suspicion of a superimposed process, such as peripheral neuropathy, diabetic neuropathy, or entrapment neuropathy. Therefore, the request is not medically necessary.