

Case Number:	CM14-0188117		
Date Assigned:	11/18/2014	Date of Injury:	08/20/2014
Decision Date:	01/07/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Preventive 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 neck pain, arm pain, headaches, and low back pain reportedly associated with an industrial injury of August 20, 2014. In a Utilization Review Report dated November 3, 2014, the claims administrator approved a request for EMG testing of the right lower extremity while denying NCV testing of the left lower extremity, NCV testing of the right lower extremity, and EMG testing of the left lower extremity. The claims administrator stated that its decision was based on RFA forms and progress notes of October 17, 2014 and October 24, 2014. The applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant reported ongoing complaints of low back and hip pain. The applicant was asked to continue physical therapy. A 15-pound lifting limitation was endorsed, although it was not clear whether the applicant was or was not working with said limitation in place. In an October 27, 2014 neurology note, the applicant reported neck pain radiating into the right arm, highly variable, 4-8/10. Low back pain, 4-8/10, was also appreciated with frequent numbness, weakness, and pain about the right leg and pain about the left leg. The applicant had completed nine sessions of physical therapy, it was noted. The applicant had been off of work, on total temporary disability, it was acknowledged, and had been terminated by his now-former employer. The applicant exhibited multiple myofascial tender points about the lumbar spine and 5-/5 lower extremity dorsiflexion. Some hyposensorium was noted about the right leg. The applicant was given a diagnosis of possible right lower extremity lumbar radiculopathy with superimposed chronic myofascial pain syndrome. The applicant apparently had a history of herpes zoster and herniorrhaphy, it was noted, at age 38. The applicant was asked to obtain electrodiagnostic testing of the bilateral lower extremities owing to the failure of physical therapy and NSAIDs. Naproxen and tramadol were endorsed. A rather proscriptive 10-pound lifting limitation was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the Left Lower 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, NCS (Nerve Conduction Studies)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Nerve Conduction Studies section.

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 issue are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, however, there was no mention of the applicant's having any possible issues such as a tarsal tunnel syndrome or entrapment neuropathies. Rather, the attending provider gave the applicant a diagnosis of lumbar radiculopathy, right-sided. There was no mention of the applicant's carrying a superimposed disease process such as diabetic neuropathy, generalized peripheral neuropathy, alcoholism-induced neuropathy, hypothyroidism-induced neuropathy, etc., which would compel nerve conduction testing here. As further noted in the Third Edition ACOEM Guidelines Low Back Chapter, nerve conduction studies are, in fact, usually normal in radiculopathy. Therefore, the request is not medically necessary.

NCV of the Right Lower 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, NCS (Nerve Conduction Studies)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Nerve Conduction Studies section.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." Here, there was/is no mention or evidence that the applicant is having tarsal tunnel syndrome, generalized entrapment neuropathy, localized compressive neuropathy, diabetic neuropathy, etc. present here. The Third Edition ACOEM Guidelines Low Back Chapter further notes that nerve conduction testing is usually normal in suspected radiculopathy, the diagnosis reportedly present here. In this case, the applicant did not have any superimposed disease process such as

hypothyroidism, alcoholism, or diabetes which would predispose the applicant toward development of lower extremity neuropathy. Therefore, the request is not medically necessary.

EMG of the Left Lower Extremity: Overturned

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, 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 "recommended" to clarify diagnosis of nerve root dysfunction in applicants who have failed to improve after one month of conservative care/observation. Here, the applicant was several months removed from the date of onset of symptoms on or around the date the EMG testing at issue was sought, October 27, 2014. While the bulk of the applicant's radicular complaints were reportedly associated with the right leg, the attending provider did acknowledge that the applicant did have occasional pain in the left leg at times. EMG testing to help establish a diagnosis of left lower extremity radiculopathy was/is indicated, consequently. Therefore, the request is medically necessary.