

<b>Case Number:</b>	CM14-0191074		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/05/2001
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 December 5, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar discectomy surgery in 1995; transfer of care to and from various providers in various specialties; opioid therapy; and reported return to work. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for electrodiagnostic testing of the left lower extremity. The claims administrator based its decision, in large part, on non-MTUS ODG Guidelines, only incidentally referring to MTUS-adopted ACOEM Guidelines. The claims administrator noted that the applicant was status post a recent SI joint injection. The claims administrator stated that its decision was based on an RFA form received on October 22, 2014. The applicant's attorney subsequently appealed. In a December 31, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Norco, Zestril, and cholesterol lowering medications, it was acknowledged. The applicant was still smoking. The applicant was working full time with a 75-pound lifting limitation in place. 5/5 lower extremity strength was appreciated with tenderness appreciated at the SI joint. The applicant reportedly central disk protrusions at L4-L5 and L5-S1 generating moderate left L4 and left L5 neuroforaminal stenosis and severe right-sided L5 neuroforaminal stenosis, it was acknowledged. There was no seeming mention of radicular symptoms on this date, however. In an October 16, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the left lower extremity, 6/10, status post recent SI joint injections. The applicant was still smoking and still working full time, it was suggested, with a 75-pound lifting limitation in place. The attending provider stated that ongoing usage of Norco was in fact beneficial. Electrodiagnostic testing of the left lower extremity was sought to evaluate the source of the

applicant's persistent left lower extremity pain complaints. The applicant was hypertensive, it was acknowledged. In a progress note dated October 3, 2013, the applicant reported 9/10 low back pain. The applicant was placed off of work, on total temporary disability, on this occasion. Somewhat incongruously, the attending provider reported that medications, including Norco, were allowing the applicant to maintain regular duty work status.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Diagnostic Testing

**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 requesting provider noted on a progress note of October 16, 2014 that the applicant had central disk protrusions at L4-L5 and L5-S1 measuring 4 mm apiece with associated moderate left-sided L4 and L5 neuroforaminal stenosis. Thus, it does, in fact, appear that the applicant has a clinically evident, radiographically confirmed, left-sided lumbar radiculopathy. It is not clear, thus, why EMG/NCS testing at issue is being sought here as the diagnosis in question, namely lumbar radiculopathy, does appear to have been definitively established. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies such as the nerve conduction testing also at issue here are "not recommended" for routine foot or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, there was/is no evidence that the applicant carried a superimposed diagnosis or disease process such as focal entrapment neuropathy or tarsal tunnel syndrome of the left lower extremity which would compel the NCS component of the request. While the Third Edition ACOEM Guidelines Chronic Pain Chapter note that nerve conduction studies are recommended in applicants who have a peripheral systemic neuropathy of uncertain cause, in this case, however, there was no mention of the applicant's carrying a systemic disease process which would predispose itself toward development of generalized peripheral neuropathy, such as diabetes, hypothyroidism, or alcoholism. Since both the EMG and NCS components of the request cannot be supported, the request is not medically necessary.