

Case Number:	CM14-0198882		
Date Assigned:	12/09/2014	Date of Injury:	01/08/2014
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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 January 8, 2014. In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved a request for electrodiagnostic testing of bilateral lower extremities as electrodiagnostic testing of the right lower extremity alone. The claims administrator noted that the applicant had a presumptive diagnosis of lumbar radiculopathy and had persistent complaints of low back pain radiating to the right leg as of an October 30, 2014 progress note. The claims administrator referenced lumbar MRI imaging of June 2, 2014, demonstrating degenerative disk disease and neuroforaminal narrowing at the L3-L4 and L5-S1 levels. The claims administrator ultimately partially approved the request as electrodiagnostic testing of the right lower extremity alone. The applicant's attorney subsequently appealed. On May 1, 2014, the applicant reported ongoing complaints of mid and low back pain. The applicant was working regular duty as of that point in time. Predominant complaints of parathoracic and paraspinal musculature with some ancillary complaints of weakness about the right leg and radiation of pain to the right leg, intermittent. On October 30, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant had had acupuncture, manipulative therapy, physical therapy, it was acknowledged. Electrodiagnostic testing was sought, along with an epidural steroid injection. Mobic and Flexeril were renewed. A 15-pound lifting limitation was endorsed on this date. The lumbar MRI imaging of June 5, 2014 was notable for degenerative changes and superimposed muscle level annular tears with no clear evidence of large singular disk herniation present.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: 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 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 272, 309, and 377.

Decision rationale: The request for EMG-NCS testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend needle EMG testing to help clarify diagnosis of nerve root dysfunction, this recommendation, however, is qualified by the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, to the effect that the routine usage of NCV or EMG testing in the evaluation of asymptomatic applicants is "not recommended." Here, the applicant's radicular complaints are seemingly confined to the symptomatic right lower extremity. There was no mention of the applicant's having any left lower extremity radicular complaints, which would compel the bilateral EMG testing. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." Here, the sole suspected diagnostic consideration was/is lumbar radiculopathy. There was no mention of the applicant having a superimposed issue or superimposed process such as a diabetic neuropathy, generalized peripheral neuropathy, etc., present here. Thus, the NCS component of the request cannot be supported, just as EMG testing of the asymptomatic left lower extremity cannot be supported here. Due to multiple components of the request cannot be supported, the request is not medically necessary.