

Case Number:	CM14-0203178		
Date Assigned:	12/15/2014	Date of Injury:	10/02/2006
Decision Date:	02/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/04/2014

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 knee, hip, and shoulder pain with derivative complaints of headaches reportedly associated with an industrial injury of October 2, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve request for electrodiagnostic testing of the bilateral lower extremities while approving a lumbar MRI. Non-MTUS ODG Guidelines were invoked exclusively, despite the fact that the MTUS addresses the topic. The claims administrator referenced a November 7, 2014 progress note in its rationale. On December 9, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg, 7/10, exacerbated by bending, lifting, twisting, and sitting. The applicant reported ancillary complaints of headaches. Hyposensorium was noted about the right leg with decreased range of motion noted about the lumbar spine secondary to pain, spasm, and guarding. Laboratory testing and Lunesta were endorsed. The applicant was asked to wean herself off of Norco. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. Laboratory testing dated October 3, 2014 was notable for borderline serum glucose of 108. In a September 16, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right leg. The applicant was using naproxen, Neurontin, tramadol, and Norco as of this point in time. Hyposensorium was noted about the right leg. The applicant was asked to start diminishing the consumption of Norco. On August 25, 2014, the applicant's pain management physician stated that the applicant would benefit from lumbar spine surgery apparently recommended by a spine

surgeon. On July 18, 2014, the applicant's spine surgeon stated that he had recommended an L3-L5 lumbar fusion surgery with posterior instrumentation, which the applicant was reportedly amenable to undergoing. The applicant was asked to quit smoking, lose weight, and do physical therapy. The attending provider stated that tramadol was not helping. The attending provider stated that he believed that non-surgical treatment would be of no avail here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV of lower extremities: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Table 12-8,309; Table 14-6,377.

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 who carry a diagnosis of clinically obvious radiculopathy, as appear to be present here. The applicant has consulted a spine surgeon who believes that the applicant is a candidate for a multilevel lumbar fusion surgery. The claims administrator, it is further noted, did approve a lumbar MRI, seemingly for preoperative planning purposes, in its December 1, 2014 Utilization Review Report. In all likelihood, this would effectively obviate the need for the electrodiagnostic testing at issue. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that routine usage of routine electrical studies for foot and ankle problems is "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, there is no evidence that a tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc., is on the differential diagnoses. While the applicant did apparently have a borderline serum glucose, referenced above, there was no mention of diabetic neuropathy's being considered or suspected here. The applicant's treating providers, including her spine surgeon, stated on several occasions that the applicant already had an established diagnosis of lumbar radiculopathy for which the applicant was actively considering lumbar spine surgery, effectively obviating the need for the proposed electrodiagnostic testing. Therefore, the request is not medically necessary.