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| <b>Case Number:</b>   | CM14-0206807 |                              |            |
| <b>Date Assigned:</b> | 12/18/2014   | <b>Date of Injury:</b>       | 05/25/2014 |
| <b>Decision Date:</b> | 02/17/2015   | <b>UR Denial Date:</b>       | 12/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2014 |

### 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 low back pain reportedly associated with an industrial injury of May 20, 2014. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced various progress notes between May 2014 and November 2014 in its determination, including an October 21, 2014 progress note. The claims administrator suggested that the applicant was off of work, on total temporary disability. In said October 21, 2014 progress note, the applicant reported ongoing complaints of mid and low back pain radiating into bilateral lower extremities. The applicant reported difficulty with prolonged sitting and standing. The applicant apparently had CT imaging of the thorax demonstrating a right paracentral disk protrusion and disk extrusion at T12-L1. The applicant had issues with migraine headaches, tubal ligation, tonsillectomy, endometriosis, and a lipoma removal. The applicant was on Imitrex, Effexor, nadolol, Topamax, and tizanidine. 8/10 pain was reported. The applicant weighed 128 pounds. Hyposensorium was noted about the arms and legs. The applicant was given diagnoses of upper and lower lumbar pains with thoracic pain and associated radicular symptoms. Naproxen was endorsed. MRI imaging of the lumbar spine, MRI imaging of the thoracic spine and electrodiagnostic testing of the bilateral lower extremities were also sought while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, the routine usage of electrical studies of the lower extremities is not recommended except in applicants in whom there is clinical suggestion of tarsal tunnel syndrome or other entrapment neuropathy. Here, there was, however, no mention or suspicion of any peripheral neuropathic process, such as a tarsal tunnel syndrome, focal entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc. The applicant did not seemingly carry any systemic diagnosis such as diabetes, hypothyroidism, alcoholism, etc., which would predispose the applicant toward development of a lower extremity neuropathy. Therefore, the request is not medically necessary.

**EMG bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" in applicants with a clinically obvious radiculopathy. Here, the applicant was described as having a clinically obvious thoracic and/or lumbar radiculopathy. The attending provider ordered MRI studies of both thoracic and lumbar spines which, if positive, would likely obviate the need for the proposed EMG testing of the bilateral lower extremities. Therefore, the request is not medically necessary.