

Case Number:	CM15-0002565		
Date Assigned:	01/13/2015	Date of Injury:	03/20/2008
Decision Date:	03/27/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 March 20, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a November 28, 2014 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed fusion surgery. The applicant had apparently developed epilepsy. The applicant was using anticonvulsant medications for epilepsy. The applicant was not working, it was acknowledged. Weakness and paresthesias about the lower extremities were evident. The applicant had undergone two prior lumbar steroid injections in 2008 at the L1-L3 level, it was acknowledged. Surgical scarring and limited lumbar range of motion was evident. Straight leg raising was negative. Slight knee and ankle hyperreflexia was appreciated. Lumbar and thoracic MRI imaging were endorsed, along with electrodiagnostic testing of bilateral lower extremities. The applicant denied any significant past medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremity: 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 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 477.

Decision rationale: 1. No, the proposed electrodiagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant has a longstanding history of lumbar radiculopathy, surgically operated upon. It was not clearly established why EMG testing was endorsed as the diagnosis in question appeared to be clinically evident. Lumbar MRI imaging was, furthermore, concurrently endorsed. If sufficiently positive, this would, further obviate the need for the EMG component of the request. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies such as the nerve conduction testing at issue is not recommended for routine foot and ankle complaints without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, the applicant did not have any significant medical history evident on the November 2014 progress note in which the electrodiagnostic testing was proposed. There was no mention that the applicant was having a suspected peripheral neuropathy, entrapment neuropathy, diabetic neuropathy, etc. There was no mention of the applicant's carrying any systemic diagnoses such as diabetes, hypothyroidism, alcoholism, etc., which would predispose the applicant toward development of generalized peripheral neuropathy. The NCV component of the request, thus, was likewise not indicated here. Therefore, the request was not medically necessary.