

Case Number:	CM15-0103623		
Date Assigned:	06/08/2015	Date of Injury:	01/23/2014
Decision Date:	07/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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, New York, 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 32-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 23, 2014. In a utilization review report dated April 30, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced an April 9, 2015 progress note in its determination. The claims administrator did also approve epidural steroid injections at the L4-L5 and L5-S1 levels, it was incidentally noted. The applicant's attorney subsequently appealed. In a progress note dated April 9, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg, reportedly attributed to cumulative trauma at work. The applicant denied having had previous lumbar spine surgery. The applicant had received previous epidural steroid injection therapy, which had reportedly generated several months of pain relief, it was reported. The applicant was on tramadol and Pamelor, it was further noted. Ongoing complaints of low back pain radiating into the left leg were noted in various sections of the note. The applicant was off work, it was suggested. The attending provider referenced lumbar MRI imaging of January 20, 2015 with an associated central disc extrusion at the L5-S1 level, generating thecal sac impingement upon the left and right S1 nerve roots. The attending provider also referenced lumbar MRI imaging of September 24, 2014 demonstrating a 6.6-mm central disc extrusion at L4-5 causing thecal sac abutment. A 5.9-mm extrusion at L5-S1 with associated epidural fat effacement was also appreciated. The applicant had no significant past medical or past surgical history, it was acknowledged. The applicant was receiving Workers' Compensation Indemnity benefits and disability benefits, it was reported.

The applicant exhibited positive left lower extremity straight leg raising, it was suggested, with hyposensorium about the left L5 dermatome, it was acknowledged. Repeat epidural steroid injection therapy and electrodiagnostic testing were sought. The treating provider then stated that he did not believe that repeat lumbar MRI imaging was warranted at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: No, the request for EMG testing of the left lower extremity 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 "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant did have clinically evident, radiographically confirmed lumbar radiculopathy with evidence of large disc extrusions at the L4-L5 and L5-S1, which were seemingly responsible for the applicant's ongoing left lower extremity radicular pain complaints, the treating provider posited. The earlier positive electrodiagnostic testing, thus, effectively obviated the need for the left lower extremity EMG testing in question. Therefore, the request was not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309; 272.

Decision rationale: Similarly, the request for EMG testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify the diagnosis of nerve root dysfunction, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of EMG or NCV testing of asymptomatic applicants is deemed "not recommended." Here, the applicant's radicular pain complaints, per the April 9, 2015 progress note in question, were confined to the symptomatic left lower extremity. There was no mention of the applicant's having any symptoms involving the seemingly asymptomatic right lower extremity. It was not clear why EMG testing of the asymptomatic right lower extremity was proposed in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Chronic Pain, pg 848.

Decision rationale: Similarly, the request for nerve conduction testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, the usage of electrical studies (a.k.a. nerve conduction testing) is "not recommended" absent some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there is no mention of the applicant's having a suspected tarsal tunnel syndrome, entrapment neuropathy, compression neuropathy, etc., on or around the date of the request, April 9, 2015. Rather, the applicant's left lower extremity pain complaints were definitively attributed to a lumbar radiculopathy. While the Third Edition ACOEM Guidelines' Chronic Pain Chapter notes on page 848 that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy, here, however, there is no mention of the applicant's having issues with possible peripheral neuropathy. There is no mention of the applicant's having generalized disease processes such as diabetes, hypothyroidism, alcoholism, hepatitis, etc., which would have heightened the applicant's predisposition toward development of generalized peripheral neuropathy. Therefore, the request was not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 272; 377.

Decision rationale: Finally, the request for nerve conduction testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the routine evaluation of applicants without symptoms is deemed "not recommended." Here, all of the applicant's radicular pain complaints were confined to the symptomatic left lower extremity. There was no mention of the applicant's having radicular or neuropathic pain complaints involving the asymptomatic left lower extremity on or around the date of the request, April 9, 2015. The request, thus, as written, was at odds with ACOEM principles or parameters. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (a.k.a. nerve conduction testing) is "not recommended" absent some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there is no mention of the applicant's having a suspected entrapment neuropathy, tarsal tunnel syndrome, generalized peripheral neuropathy, etc., involving the seemingly asymptomatic right lower extremity. Therefore, the request was not medically necessary.