

Case Number:	CM15-0103981		
Date Assigned:	06/08/2015	Date of Injury:	11/29/2004
Decision Date:	07/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 20, 2004. In a utilization review report dated May 4, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced office visits of April 24, 2015 and April 8, 2015 in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of low back pain reportedly attributed to an L5-S1 herniated disc. The applicant was given an operating diagnosis of lumbar radiculopathy and L5 radiculopathy. The attending provider stated that the applicant had issues with calf atrophy and loss of strength about the bilateral lower extremities associated with L5-S1 disc pathology. The applicant was asked to employ Cymbalta for neuropathic pain complaints. The note was quite difficult to follow and mingled historical issues with current issues. Norco, Hysingla, tramadol, and Nuvigil were all endorsed. The applicant did report issues with sleep disturbance secondary to pain. The applicant's past medical history was not detailed. Electrodiagnostic testing was ordered via an RFA form dated April 8, 2015, without much in the way of supporting rationale or supporting commentary. Complaints of persistent neuralgia in her lower extremities. Objective findings include lower extremity numbness and paresthesias with associated weakness. The treating physician reported requesting authorization for electromyography/nerve conduction velocity studies for the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - EMG (electromyography).

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 right 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 attending provider did suggest that the applicant's radiculopathy was clinically obvious and radiographically confirmed. The attending provider suggested that the applicant had a large herniated disc at the L5-S1 level which did account for the applicant's ongoing lower extremity radicular pain complaints. The applicant's positive lumbar MRI and seemingly established diagnosis of lumbar radiculopathy, thus, effectively obviated the need for the EMG testing in question. Therefore, the request was not medically necessary.

EMG (electromyography) Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - EMG (electromyography).

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

Decision rationale: Similarly, the request for EMG 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 12, Table 12-8, page 309, EMG testing is "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant did apparently carry a diagnosis of clinically obvious, radiographically confirmed lumbar radiculopathy with evidence of a large herniated disc at the L5-S1 level which was reportedly responsible for the applicant's ongoing lower extremity radicular pain complaints. It was not clearly stated why EMG testing was proposed if the diagnosis of lumbar radiculopathy had already been definitively established, both clinically and radiographically. Therefore, the request was not medically necessary.

NCS (nerve conduction study) Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - NCS (nerve conduction study).

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

Decision rationale: Similarly, 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 14, Table 14-6, page 377, electrical studies (a.k.a. nerve conduction testing) is "not recommended" absent some clinical suspicion of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there is no mention of the applicant's having a suspected tarsal tunnel syndrome or lower extremity entrapment neuropathy. Rather, the applicant's symptoms were, per the treating provider, definitively attributed to a lumbar radiculopathy. The treating provider did not, furthermore, state that he suspected some superimposed disease process, such as diabetic neuropathy, hypothyroidism-induced neuropathy, alcoholism-induced neuropathy, etc. The attending provider did not recount the applicant's medical history on the April 8, 2015 progress note on which the nerve conduction testing in question was proposed. Therefore, the request was not medically necessary.

NCS (nerve conduction study) Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - NCS (nerve conduction study).

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

Decision rationale: Finally, 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, electrical studies (a.k.a. nerve conduction testing) are "not recommended" absent some compelling clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having a suspected tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, alcoholism-induced neuropathy, etc. The applicant's clinically evident, radiographically confirmed lumbar radiculopathy effectively obviated the need for the nerve conduction testing in question. Therefore, the request was not medically necessary.