MAXIMUS Federal Services

Case Number:	CM15-0104398		
Date Assigned:	06/08/2015	Date of Injury:	08/18/2011
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 18, 2011. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a request for electro diagnostic testing of the bilateral lower extremities. The claims administrator referenced a RFA form received on May 1, 2015 and an associated progress note of April 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 24, 2015, the applicant reported multifocal complaints of mid back, low back, and bilateral knee pain. The note was very difficult to follow and not altogether legible. A chiropractic manipulative therapy and an extremely proscriptive 5-pound lifting limitation were endorsed, along with x-rays of numerous body parts. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Additional chiropractic manipulative therapy was sought via a RFA form dated April 2, 2015.On April 13, 2015, the attending provider appealed a previous partial approval of chiropractic manipulative therapy, again in a highly templated manner. On May 19, 2015, the same, unchanged, extremely proscriptive 5-pound lifting limitation was endorsed. Ongoing complaints of knee pain and low back pain with radiation of pain to the bilateral lower extremities were reported. Derivative complaints of depression, psychological stress, and anxiety were evident. The attending provider seemingly stated that he was ordering and/or had ordered electro diagnostic testing of bilateral lower

extremities. The attending provider acknowledged that the applicant was off of work, on total temporary disability. The electro diagnostic testing in question was apparently performed on May14, 2015, despite the unfavorable Utilization Review decision. Said electro diagnostic testing of the bilateral lower extremities of May 14, 2015 was in fact negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LLE: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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 in applicants who carry a diagnosis of clinically-obvious radiculopathy. Here, the applicant was described as having ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant's presentation, thus, was evocative of a clinically-obvious radiculopathy, seemingly obviating the need for the EMG testing in question. The attending provider's handwritten progress notes failed to augment the request at hand, it was further noted. Therefore, the request was not medically necessary.

NCV LLE: 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).

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, Chronic Pain, 3rd ed., 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. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies (AKA nerve conduction testing) is not recommended in the absence of some compelling evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's having issues with a suspected tarsal tunnel syndrome, entrapment neuropathy, etc. The attending provider's handwritten, largely illegible progress note did not set forth a clear, compelling, or cogent case for nerve conduction testing in the face of the unfavorable ACOEM position on the same.

While the Third Edition ACOEM Guidelines Chronic Pain Chapter acknowledges on page 848 that nerve conduction studies are recommended where there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, there was no mention of suspicion of the applicant's having issues with a systemic peripheral neuropathy, diabetic neuropathy, generalized peripheral neuropathy, hypothyroidism- induced neuropathy, alcoholism-induced neuropathy, hepatitis-induced neuropathy, etc. It did not appear that the applicant carried a systemic diagnosis or disease process which would have predisposed toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.

EMG RLE: 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).

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 right 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, all evidence on file pointed to the applicant's carrying a diagnosis of clinically-obvious radiculopathy. The applicant continued to report ongoing complaints of low back pain radiating to the bilateral lower extremities, i.e., symptoms evocative of a clinically evident lumbar radiculopathy. The attending provider did not clearly state why EMG testing was being sought in the face of the applicant's carrying a diagnosis of clinically evident radiculopathy. It was not stated how the EMG testing in question would have influenced or altered the treatment plan. Therefore, the request was not medically necessary.

NCV RLE: 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).

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, Chronic Pain, 3rd ed., pg 848.

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 14, Table 14-6, page 377, electrical studies are not recommended in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or other focal entrapment neuropathy. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does support nerve conduction testing in applicants in whom peripheral systemic

neuropathy is suspected, here, however, there was no mention of the applicant's having a suspected peripheral neuropathy. There was no mention of the applicant's carrying a systemic disease process such as diabetes, alcoholism, hypothyroidism, hepatitis, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.