

Case Number:	CM15-0107807		
Date Assigned:	06/12/2015	Date of Injury:	06/25/2013
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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 46-year-old who has filed a claim for chronic hand, wrist, neck, low back, and shoulder pain reportedly associated with an industrial injury of June 25, 2013. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced progress notes of April 14, 2015 and March 13, 2015 in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the bilateral upper extremities performed on June 2, 2015 was suggestive of bilateral carpal tunnel syndrome, mild-to-borderline. On February 26, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, low back, wrist, and leg pain. On May 21, 2015, the applicant reported ongoing complaints of low back radiating to the right leg. The applicant reported paresthesias and numbness about the toes, it was suggested. Overall commentary was sparse. The applicant was placed off of work, on total temporary disability. Electrodiagnostic testing of bilateral upper and bilateral lower extremities was sought. Some sections of the note stated that the applicant's lower extremity paresthesias involved the right lower extremity, while other sections of the note stated that the applicant's paresthesias involved the left lower extremity. In an earlier note dated February 26, 2015, the attending provider stated that the applicant had complaints of neck pain, shoulder pain, low back pain, leg pain, and wrist pain. Once again, overall commentary was sparse. The applicant was placed off of work, on total temporary disability. A Doctor's First Report of March 13, 2015 made no mention of the applicant's low back pain complaints. There was no seeming mention of the applicant's having lower extremity paresthesias at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG and NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter Updated 11/18/15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 308; 272; 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. , Chronic Pain, pg 848:4.

Decision rationale: The request for EMG-NCV testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing is recommended to clarify a diagnosis of nerve root dysfunction, here, however, the attending provider's documentation, commentary, and progress note of May 21, 2015 was sparse, thinly developed, and did not clearly state what was suspected. The laterality of the applicant's symptoms was not clearly identified as the attending provider did not clearly identify whether the applicant has suspected radicular symptoms involved the right lower extremity or left lower extremity. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 further notes that the routine usage of EMG or NCV testing for a diagnostic evaluation of applicants without symptoms is deemed "not recommended." Here, the fact that electrodiagnostic testing of the bilateral upper and bilateral lower extremities were concurrently ordered implied that the attending provider was, in fact, seemingly ordering the test for routine evaluation purposes, without any clearly- formed intention of acting on the results of the same. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that the routine usage of electrical studies (AKA nerve conduction testing) is "not recommended" in the absence of some compelling clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. The Third Edition ACOEM Guidelines Chronic Pain Chapter notes that nerve conduction testing is recommended when there is a suspected peripheral neuropathy of uncertain cause. Here, however, again, it was not clearly stated what was sought. It was not clearly stated what was suspected. There was mention of the applicant's having issues with a suspected tarsal tunnel syndrome, entrapment neuropathy, widespread systemic neuropathy, diabetic neuropathy, hypothyroidism-induced neuropathy, alcoholism-induced neuropathy, etc. , on or around the date in question, May 21, 2015. The attending provider did not furnish a differential diagnosis list. The attending provider did not state how the electrodiagnostic testing of the lower extremities would influence or alter the treatment plan. The request, thus, as written, was at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.