

Case Number:	CM15-0132386		
Date Assigned:	07/20/2015	Date of Injury:	09/15/2014
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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 [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of September 15, 2014. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities. The claims administrator contended that the applicant had had a large disk herniation at L3-L4, which accounted for the applicant's radicular pain complaints. The claims administrator referenced a June 8, 2015 progress note in its determination. The decision was based, in a large part, on non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was described as having numbness and paresthesias about both thighs. The applicant exhibited a visible limp, it was reported. Diminished lumbar range of motion with intact lower extremity strength and sensorium were appreciated. The applicant was described as having a large disk herniation at L3-L4 with associated mild central canal stenosis and annular tearing. The attending provider sought authorization for epidural steroid injection therapy at the L3-L4 level. The attending provider contended that the applicant's large disk herniation at L3-L4 was a source of his radicular pain complaints. The applicant was not working with permanent restriction in place, the treating provider acknowledged. The treating provider encouraged the applicant to apply for State Disability Insurance (SDI). On March 30, 2015, the applicant was given a rather proscriptive 5-pound lifting limitation. An 8. 5/10 low back pain complaints radiating to the bilateral legs were reported. The attending provider again noted that the applicant had a large disk-herniation at the L3-L4 level. The applicant denied any medical co-morbidities such as diabetes or alcoholism.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the 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 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 deemed "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy, as was present here. Here, the applicant was described as having ongoing complaints of low back pain radiating to the bilateral lower extremities, which, per the treating provider's report of June 8, 2015, was in fact the result of a large disk herniation at the L3-L4 level. The applicant's ongoing radicular pain complaints, coupled with the large disk herniation at the L3-L4 level, effectively obviated the need for the EMG testing in question. Therefore, the request was not medically necessary.

NCV (Nerve Conduction Velocity) study of the 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 (ODG), Chapter: Low Back (updated 05/15/15 - Online Version, Nerve Conduction Studies (NCS).

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 (AKA nerve conduction testing) is deemed "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, lumbar radiculopathy was the sole item on the differential diagnosis. The attending provider stated that the applicant already had an established diagnosis of lumbar radiculopathy in his June 8, 2015 progress note, attributed to a large disk herniation at the L3-L4 level. There was no mention of the applicant's having issues with suspected tarsal tunnel syndrome or other focal entrapment neuropathy. The attending provider's March 30, 2015 progress note suggested that the applicant did not carry systemic disease processes such as diabetes or alcoholism which would heighten the applicant's predisposition toward development of a generalized lower extremity neuropathy. Therefore, the request was not medically necessary.

EMG (Electromyography) study of the 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: 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 deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy, as was/is present here. The attending provider noted in his progress notes of March 30, 2015 and June 8, 2015 that the applicant had a large disk herniation at the L3-L4 level which he believed represented the source of the applicant's ongoing lower extremity radicular pain complaints. The applicant's ongoing sciatica complaints, coupled with the prior positive MRI results, thus, effectively obviated the need for the EMG testing in question. Therefore, the request was not medically necessary.

NCV (Nerve Conduction Velocity) study of the 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 (ODG), Chapter: Low Back (updated 05/15/15 - Online Version, Nerve Conduction Studies (NCS).

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 4. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications - Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence - Recommended, Insufficient Evidence (I).

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 (AKA nerve conduction testing) is deemed "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having a neuropathic process such as tarsal tunnel syndrome, focal entrapment neuropathy, etc. Lumbar radiculopathy was the sole item on the differential diagnosis list. The applicant's clinically evident, radiographically-confirmed lumbar radiculopathy, thus, effectively obviated the need for the nerve conduction testing in question. While the Third Edition ACOEM Guidelines Chronic Pain Chapter do support nerve conduction testing when there is a suspected peripheral systemic neuropathy, here, however, there was no mention of the applicant's having suspected peripheral systemic neuropathy. The attending provider's reporting on March 30, 2015 was notable for commentary to the effect that the applicant had no known history of a systemic disease process such as diabetes or alcoholism which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.