MAXIMUS Federal Services

Case Number:	CM15-0132597		
Date Assigned:	07/20/2015	Date of Injury:	09/21/2000
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
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 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 21, 2000. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for electro diagnostic testing of the bilateral lower extremities. The claims administrator referenced a June 22, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On a July 22, 2015 RFA form, the attending provider appealed previously denied electro diagnostic testing of the bilateral lower extremities. In an associated progress note dated July 21, 2015, the applicant reported complaints of numbness, tingling, and paresthesias about the hands. The applicant was smoking, it was reported. Electrodiagnostic testing of the bilateral upper extremities dated June 22, 2015 was notable for mild right hand carpal tunnel syndrome, it was reported. The applicant exhibited 5/5 bilateral lower extremity strength, it was reported. The applicant exhibited a positive Tinel sign over the right carpal tunnel, decreased sensation about the thumb, and decreased sensation about the right lateral upper extremity. The applicant was using Norco, Flexeril, Neurontin, Naprosyn, and Remeron, it was reported. The applicant was given various diagnoses to include cervical radiculopathy, neck pain, cervical degenerative disease, carpal tunnel syndrome, low back pain, and palpable lumbar radiculopathy. The attending provider then stated toward the bottom of the report that the applicant had right lower extremity numbness. The attending provider sought authorization for electrodiagnostic testing of the right lower extremity to further evaluate the same. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. On a June 23, 2015 RFA form, electro diagnostic testing of the bilateral lower extremities and an orthopedic consultation to address right carpal tunnel syndrome were sought. In an associated progress note dated June 22, 2015, the applicant reported ongoing complaints of neck pain radiating to bilateral

upper extremities. 5/5 bilateral upper extremity strength was noted with hyposensorium appreciated about the right thumb. Only incidentally mention was made of the applicant's low back issues. The attending provider then stated that the applicant had increased numbness about the right lower extremity diffusely. The attending provider then stated, somewhat incongruously, that he was seeking electro diagnosting testing of the bilateral lower extremities, despite the fact that the applicant's paresthesias were confined to the right lower extremity. Permanent work restrictions were renewed. The applicant was using Neurontin, Flexeril, Naprosyn, Remeron, and Norco, it was reported. There was no mention of what prior diagnostic testing (if any) the applicant had had involving the lumbar spine. The remainder of the file was surveyed. It did not appear that the applicant had had prior lumbar MRI imaging, based on the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromypgraphy), Right Lower Extremity, Qty 1: Overturned

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 - NCS (nerve conduction studies); EMG (electromyography) & F wave tests.

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

Decision rationale: Yes, the request for EMG testing of the right lower extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify a diagnosis of suspected nerve root dysfunction. Here, the applicant presented on multiple office visits, referenced above, reporting low back pain radiating to the right leg and/or right lower extremity paresthesias. The attending provider stated that the applicant had had such symptoms present for over a year. Obtaining EMG testing was, thus indicated to delineate the presence or absence of an active lumbar radiculopathy. Therefore, the request was medically necessary.

EMG (electromypgraphy), Left Lower Extremity, Qty 1: 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 - NCS (nerve conduction studies); EMG (electromyography) & F wave tests.

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 left 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 a diagnosis of nerve root dysfunction, here, however, the applicant's paresthesias were confined to the symptomatic right lower extremity, it was reported on office visits of June and

July 2015, referenced above. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." The attending provider failed to furnish a clear or compelling rationale for pursuit of EMG testing of the seemingly asymptomatic left lower extremity in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

NCV (nerve conduction velocity), Right Lower Extremity, Qty 1: 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 - NCS (nerve conduction studies); EMG (electromyography) & F wave tests.

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 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: Conversely, the request for nerve conduction testing of the right lower extremity was 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 "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, progress notes of June and July 2015, referenced above, made no mention of the applicant is having a suspected tarsal tunnel syndrome or focal entrapment neuropathy. Lumbar radiculopathy was seemingly the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction testing when there is suspicion of a peripheral systemic neuropathy, here, however, there was no mention of the applicant's having a suspected generalized peripheral neuropathy, systemic neuropathy, diabetic neuropathy, etc., which would have compelled the nerve conduction testing in question. As noted previously, lumbar radiculopathy was seemingly the sole item on the differential diagnosis list. Therefore, the request was not medically necessary.

NCV (nerve conduction velocity), Left Lower Extremity, Qty 1: 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 - NCS (nerve conduction studies); EMG (electromyography) & F wave tests.

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

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 are

"not recommended" in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, lumbar radiculopathy was the sole item on the differential diagnosis list. There was no mention that the applicant carried diagnoses of tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc., involving the left lower extremity. The applicant's paresthesias were, moreover, seemingly confined to the symptomatic right lower extremity, it was suggested in office visits of June and July 2015, referenced above. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing in evaluation of applicants without symptoms is deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for nerve conduction testing of the asymptomatic left lower extremity in the face of the unfavorable ACOEM position of the same. Therefore, the request was not medically necessary.