

Case Number:	CM15-0134712		
Date Assigned:	07/23/2015	Date of Injury:	12/10/2012
Decision Date:	09/23/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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 27-year-old who has filed a claim for chronic low back, neck, mid back, shoulder, and wrist pain reportedly associated with an industrial injury of September 10, 2012. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced a May 12, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In a June 10, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the legs and upper extremity paresthesias associated with carpal tunnel syndrome and cubital tunnel syndrome. In an appeal letter dated June 10, 2015, the attending provider contended that the applicant was using gabapentin for neuropathic pain complaints associated with purported upper extremity carpal tunnel and cubital tunnel syndrome. In a progress note dated May 12, 2015, the applicant was described as having had ongoing complaints of upper extremity paresthesias. The applicant was asked to find a new hand surgeon as her former hand surgeon was apparently no longer part of her Workers Compensation network. Earlier lumbar MRI imaging was interpreted as negative. The applicant reported ongoing complaints of low back pain radiating to the leg. The applicant was nondiabetic and had no known neurologic disease, it was reported. The applicant was described as having intact motor and sensory function about the lower extremities. The attending provider contended that the applicant had issues with lumbosacral strain with radicular features superimposed on psychiatric issues. Electrodiagnostic testing of the bilateral lower extremities was sought on the grounds that the applicant had an entirely normal lumbar

MRI. The attending provider speculated that the applicant could have some other hitherto-undiagnosed neurologic conditions and suggested the applicant consult a neurologist. The applicant was placed off of work, on total temporary disability. Lumbar MRI imaging of March 31, 2015 was in fact interpreted as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyograph).

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

Decision rationale: Yes, the proposed EMG testing of the left 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 deemed "recommended" to clarify a diagnosis of suspected nerve root dysfunction. Here, the applicant presented reporting ongoing complaints of low back pain radiating to the bilateral lower extremities. The requesting provider contended that the applicant's symptoms were in fact suggestive of an active lumbar radiculitis-type process, despite the applicant's having had earlier normal MRI imaging of the lumbar spine in March 2015. Obtaining the electrodiagnostic testing in question was, thus, indicated to establish the presence or absence of a bona fide radicular complaint referable to the lumbar spine, given the condition of the applicant's symptomatology. Therefore, the request was medically necessary.

Nerve conduction velocity (NCV) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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., page, 848.

Decision rationale: Conversely, the request for nerve conduction testing of the left 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) are deemed "not recommended" in the absence of compelling clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, there was no mention of the applicant's having a suspected tarsal tunnel syndrome, focal entrapment neuropathy, compressive neuropathy, etc. While the Third Edition ACOEM Guidelines Chronic Pain

Chapter does acknowledge that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, the attending provider explicitly stated that the applicant was not diabetic on the date in question, May 12, 2015. There was no mention of the applicant's carrying other systemic diagnoses such as hypothyroidism, alcoholism, hepatitis, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.

Electromyograph (EMG) of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyograph).

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

Decision rationale: 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 was described as having a suspected, occult lumbar radiculopathy which had eluded detection on an earlier lumbar MRI imaging, the treating provider reported on a progress note of May 12, 2015. Obtaining EMG testing to delineate the presence or absence of radiculopathy was, thus, indicated in the face of the applicant's ongoing radicular pain complaints and failure to respond favorably to extensive conservative treatment. Therefore, the request was medically necessary.

Nerve conduction velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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., page, 848.

Decision rationale: Finally, 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 deemed "not recommended" in the absence of 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 or focal entrapment neuropathy on the May 12, 2015 office visit at issue. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction testing can be employed when there is suspicion of

peripheral neuropathy of uncertain cause, here, however, there was no mention of the applicant's having a superimposed diagnosis or disease process such as diabetes, hypothyroidism, alcoholism, hepatitis, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.