

<b>Case Number:</b>	CM15-0135617		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 60-year-old Gallagher Bassett Services, Incorporated beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 1, 2013. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced a progress note of June 12, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 12, 2015 progress note, the applicant apparently presented to follow up on known issues with sciatica, thoracic spine pain, muscle spasm, sacral pain, facet syndrome, and impotence. The applicant was given refills of Elavil and Celebrex. Overall commentary was sparse. The applicant was described as unchanged. 12 sessions of aquatic therapy were endorsed. A 20-pound lifting limitation was also renewed. Electrodiagnostic testing of bilateral lower extremities was sought. A clear rationale for the same was not furnished. The note was sparse, thinly developed, and did not clearly articulate what (if any) lower extremity radicular pain complaints the applicant did or did not have.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of right lower extremity:** 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 (ODG), Online Edition - Chapter: Low Back & Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography); 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, 3rd ed., Chronic Pain, 848.

**Decision rationale:** No, 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" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was clearly voiced suspicion of tarsal tunnel syndrome or other entrapment neuropathy present on or around the date of the request, June 12, 2015. Little-to-no narrative commentary accompanied the request for authorization. It was not clearly stated what was sought. It was not clearly stated what was suspected. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction studies where there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, there is no mention of the claimant's having a suspected peripheral neuropathy, diabetic neuropathy, hypothyroidism-induced neuropathy, etc., present on or around the date of the request. Again, a clear or compelling rationale did not accompany the request for authorization. The subjective section of the attending provider's June 12, 2015 progress note was thinly and sparsely developed and did not set forth a clear or compelling rationale for the request in question. Therefore, the request was not medically necessary.

**EMG of left lower extremity:** 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 (ODG), Online Edition - Chapter: Low Back & Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography); Nerve conduction studies (NCS).

**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 MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry diagnosis of clinically obvious radiculopathy. Here, one of the stated diagnoses on June 12, 2015 was, in fact, sciatica. It was not clearly stated or clearly established why EMG testing was proposed in the face of the applicant's already carrying an established diagnosis of lumbar radiculopathy. Therefore, the request was not medically necessary.

**NCV of left lower extremity:** 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 (ODG), Online Edition - Chapter: Low Back & Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography); 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, 3rd ed., Chronic Pain, 848.

**Decision rationale:** Similarly, the request for nerve conduction testing of 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 deemed "not recommended" in absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, the June 12, 2015 progress note made no mention of the applicant's having issues with suspected tarsal tunnel syndrome or other entrapment neuropathy. Little-to-no narrative commentary accompanied the request for authorization. It was not clearly stated what was sought. It was not clearly stated what was suspected. 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, there was no mention of the claimant's carrying a diagnosis of suspected peripheral neuropathy, diabetic neuropathy, generalized peripheral neuropathy, etc., which would have compelled the nerve conduction testing in question. Therefore, the request was not medically necessary.

**EMG of right lower extremity:** 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 (ODG), Online Edition - Chapter: Low Back & Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography); Nerve conduction studies (NCS).

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

**Decision rationale:** Finally, 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 deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described on June 12, 2015 as carrying an established diagnosis of sciatica (AKA lumbar radiculopathy), effectively obviating the need for the EMG testing in question. Therefore, the request was not medically necessary.