

Case Number:	CM15-0141331		
Date Assigned:	07/31/2015	Date of Injury:	07/09/2012
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 9, 2012. In a Utilization Review Report dated July 8, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of left lower extremity. The claims administrator referenced a June 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On a May 28, 2015 office visit, the applicant reported ongoing complaints of low back pain with weakness about the left lower extremity. 4+/5 left EHL strength was appreciated with hyposensorium about the L5 distribution. Motrin was refilled. MRI imaging of lumbar spine was sought. The applicant was placed off of work, on total temporary disability. It was suggested that a surgical consultation and/or surgical intervention would likely be needed. On June 29, 2015, the applicant reported ongoing complaints of low back pain radiating to left leg. Slight weakness is appreciated about the left EHL musculature. Patchy hyposensorium was noted about the left L5 dermatome. MRI imaging demonstrated only degenerative disk disease at L4-L5 with minimal bulging evident. EMG-NCV testing of the left lower extremity was proposed. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. The attending provider stated that the electrodiagnostic testing was indicated to determine the extensive radiculopathy for "rating purposes," as well as to determine whether or not the applicant could potentially be a candidate for epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/NCV (Nerve Conduction Velocity) of the left leg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 05/15/15) - Online Version, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 8471.

Decision rationale: Yes, the proposed electrodiagnostic testing of the left lower extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify a diagnosis of suspected nerve root dysfunction. The Third Edition ACOEM Guidelines Chronic Pain Chapter also notes that EMG testing is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints which raise questions about whether there may be an identifiable neurologic compromise present. Here, the applicant had ongoing complaints of low back pain radiating to the left leg, it was reported on the June 29, 2015 office visit at issue. Hyposensorium about the left leg with slight weakness about the left EHL musculature was appreciated. The attending provider stated that MRI imaging demonstrated degenerative disk disease with only minimal bulging at the L4-L5 level. The attending provider felt that the applicant's ongoing radicular symptoms were not readily explicable based on the results of the largely negative previously performed lumbar MRI. The attending provider suggested that the results of the electrodiagnostic testing could potentially influence the need for epidural steroid injection therapy. Moving forward with the electrodiagnostic testing at issue, thus, was indicated, given the persistent radicular pain complaints and the absence of corroborative findings on MRI imaging. Therefore, the request was medically necessary.