

Case Number:	CM15-0149470		
Date Assigned:	08/12/2015	Date of Injury:	08/31/2011
Decision Date:	09/14/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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 46-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 2011. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an RFA form received on June 25, 2015 in its determination. The claims administrator acknowledged that the applicant had undergone earlier lumbar fusion surgery. The claims administrator stated that the applicant had previously received approval for electrodiagnostic testing of bilateral lower extremities via an earlier UR report dated April 15, 2015. The claims administrator did not incorporate any guidelines into its rationale but suggested that the previous UR approval obviated the need for the study in question. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant's psychologist acknowledged that the applicant was not currently working. Ongoing complaints of neck and low back pain, 7-10/10 were reported. The applicant was status post earlier failed lumbar spine surgery in June 2013, it was reported. The applicant's pain complaints were described as chronic and intractable. On June 25, 2015, the applicant reported 7/10 low back pain, sharp and stabbing, with radiation of pain to bilateral lower extremities, left greater than right. The applicant had had one prior lumbar epidural steroid injection in February 2014, it was reported. The attending provider stated that he was intent on pursuing electrodiagnostic testing of bilateral lower extremities as a precursor to pursuit of possible repeat lumbar epidural steroid injection therapy. The applicant was given a primary operating diagnosis of lumbar radiculopathy status post earlier failed lumbar spine surgery.

Hyposensorium was appreciated about the right leg with well preserved, 5/5 bilateral lower extremity motor function. Electrodiagnostic testing of bilateral lower extremities was sought to search for lumbar radiculopathy. The note was very difficult to follow and mingled historical issues with current issues. The applicant was given refills of Norco, Neurontin, and Robaxin. The applicant's past medical history was negative for diabetes, it was reported. The applicant denied drinking alcohol regularly.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: 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, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848 4.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral lower extremities 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" for applicants who carry a diagnosis of clinically obvious radiculopathy, as was present here on or around the date in question, June 25, 2015. The applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities status post earlier failed lumbar laminectomy surgery. The patient was using Neurontin, seemingly for residual radicular pain complaints following earlier failed spine surgery. It was not clear why EMG testing was sought in the face of the applicant's carrying a diagnosis of clinically obvious radiculopathy. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) is deemed "not recommended" absent clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or entrapment neuropathy involving either leg. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does support nerve conduction testing when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, there was no mention of the applicant's having superimposed issues with a peripheral neuropathy. There was no mention of the applicant's having issues with diabetes, hypothyroidism, alcoholism, or other systemic disease process which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Rather, all evidence on file pointed to the applicant's carrying a diagnosis of clinically obvious radiculopathy status post earlier failed lumbar spine surgery, seemingly obviating the need for the electrodiagnostic testing at issue. Therefore, the request was not medically necessary.