

Case Number:	CM15-0163249		
Date Assigned:	08/31/2015	Date of Injury:	02/03/2005
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 3, 2005. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced a July 29, 2015 progress note in its determination. The claims administrator seemingly failed to incorporate any guidelines in its determination. The applicant's attorney subsequently appealed. On said July 29, 2015 progress note, the applicant reported ongoing complaints of shoulder, hand, wrist, and low back pain with derivative complaints of psychological stress and insomnia. The applicant had undergone an earlier failed lumbar spine surgery, it was reported. The applicant was using a back brace, it was reported. The applicant's medications included Indocin and Prilosec. The applicant denied any medical comorbidities. Specifically, the applicant denied diabetes and/or hepatitis. A mild loss of sensorium was noted about the bilateral lateral thighs with diminished lumbar spine range of motion. The applicant exhibited a non-antalgic gait. The applicant was asked to obtain medications from her primary treating provider. X-rays and MRI imaging of the left shoulder, MRI imaging of the lumbar spine, x-rays of the lumbar spine, and electrodiagnostic testing of the bilateral lower extremities were endorsed. In separate notes dated June 24, 2015 and July 29, 2015, the applicant's primary treating provider (PTP) placed the applicant off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back 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 EMG-NCV 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. Here, the applicant was described as carrying a diagnosis of clinically-obvious radiculopathy status post earlier failed spine surgery, seemingly obviating the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also note that nerve conduction testing is deemed 'not recommended' for foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, the July 29, 2015 progress note made no mention of the applicant's carrying a diagnosis or suspected diagnosis of tarsal tunnel syndrome or focal entrapment neuropathy. Lumbar radiculopathy appeared to represent 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 of uncertain cause, here, however, again, lumbar radiculopathy appeared to represent the sole item on the differential diagnosis list. There was no mention of the applicant's carrying a superimposed diagnosis or disease process such as diabetic neuropathy, for instance, which would have compelled the nerve conduction studies component of the request. Since both the EMG and NCV components of the request were not recommended, the entire request was not recommended. Therefore, the request was not medically necessary.