

Case Number:	CM15-0181554		
Date Assigned:	09/22/2015	Date of Injury:	07/24/1998
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with a industrial injury of July 24, 1998. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. An RFA form received on August 19, 2015 and an associated progress note of August 11, 2015, were referenced in the determination. The applicant's attorney subsequently appealed. On multiple RFA forms dated August 11, 2015, eight sessions of physical therapy and electrodiagnostic testing of the bilateral lower extremities were endorsed. In an associated progress note of the same date, August 11, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was asked to obtain electrodiagnostic testing of the bilateral lower extremities. The attending provider stated that he was intent on testing the seemingly asymptomatic left lower extremity. The applicant was given a rather proscriptive 15-pound lifting limitation. The attending provider suggested (but did not clearly state) that the applicant was not working with said limitation in place. Norco was renewed. Lumbar MRI imaging dated July 26, 2015 was notable for a diffuse disk herniation at L4-L5 causing associated L4 nerve root contact and thecal sac abutment. Changes associated with a prior laminectomy at L5-S1 were also evident. A disk degeneration and disk space narrowing causing contact on the left L5 exiting nerve root was evident at this level.

IMR ISSUES, DECISIONS AND RATIONALES

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

electrodiagnostic testing of the bilateral lower extremities for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Summary.

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 seemingly present here on or around the date in question, August 11, 2015. The applicant was described as having ongoing complaints of low back pain radiating to the right leg on that date. Thus, it did appear that the applicant had an already-established diagnosis of lumbar radiculopathy, seemingly obviating the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV/EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the applicant's symptoms, per the August 11, 2015 office visit at issue, were confined to the right lower extremity. Since electrodiagnostic testing of the bilateral lower extremities would include testing of the seemingly asymptomatic left lower extremity, the request, thus, as written, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.