

Case Number:	CM15-0203318		
Date Assigned:	10/20/2015	Date of Injury:	03/18/2013
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 18, 2013. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 19, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was placed off of work, on total temporary disability. Additional physical therapy was sought while electrodiagnostic study of bilateral lower extremities was proposed. The applicant was given diagnosis of lumbar disk protrusion with bilateral nerve root compromise at L4-L5 and L5-S1, per MRI imaging. Hyposensorium about the left lower extremity was noted. The applicant was obese, standing 5 feet 10 inches tall and weighing 225 pounds, it was reported. Clear rationale for the electrodiagnostic testing in question was not seemingly furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) 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. The requesting provider reported on August 19, 2015 that the applicant had known disk protrusion on lumbar MRI imaging at the L4-L5 and L5-S1 levels, which the attending provider stated had demonstrated associated nerve root compromise. The positive lumbar MRI imaging and associated lower extremity radicular complaints, thus, effectively obviated the need for the EMG component of the request. In a similar vein, 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 some clinical suspicion of tarsal tunnel syndrome, entrapment neuropathy, etc. Here, however, there was no mention of the applicant's having issues with potential tarsal tunnel syndrome, entrapment neuropathy, compressive neuropathy, etc. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. Therefore, the request was not medically necessary.