

Case Number:	CM15-0028963		
Date Assigned:	02/20/2015	Date of Injury:	05/21/2014
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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 58-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 21, 2014. In a Utilization Review Report dated January 28, 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 14, 2014 in its determination, along with progress notes of December 11, 2014 and November 14, 2014. The applicant's attorney subsequent appealed. On December 11, 2014, the applicant reported 7/10 low back pain. The applicant was using Flexeril, Prilosec, and Motrin, it was incidentally noted. The applicant did exhibit lower extremity strength ranging from 4-5/5. Light touch sensorium was intact. MRI imaging was notable for multilevel disk degeneration or facet arthropathy. The attending provider suggested that the applicant consider electrodiagnostic testing, acupuncture, and/or epidural steroid injection therapy. An extremely proscriptive 5-pound lifting limitation was endorsed, seemingly resulting in the applicant's removal from the workplace. In an earlier note dated November 14, 2014, the applicant was described as having moderate axial low back pain. The applicant no longer had issues with lower extremity paresthesias, it was incidentally noted. Acupuncture, manipulative therapy, and a lumbar support were endorsed. The applicant's past medical history was negative for any systemic disease such as hypertension or diabetes, the treating provider acknowledged. In a January 9, 2015 progress note, the applicant reported 5/10 low back pain. The applicant denied any issues of numbness, tingling, or paresthesias, it was acknowledged. The applicant exhibited a positive facet loading and limited lumbar range of motion. Straight leg

raising was negative. Sensorium about the lower extremities was intact. Flexeril and fenoprofen were endorsed. It was suggested that the applicant might be a good candidate for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Bilateral Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing is "recommended" to clarify nerve root dysfunction in applicants who fail to improve after one month of conservative treatment, in this case, however, there was no mention of the applicant's having issues with nerve root dysfunction evident on or around the January 9, 2015 office visit on which the EMG in question was endorsed. The applicant's pain complaints were entirely axial on that date. The applicant denied any issues with numbness, tingling, or paresthasias. The applicant exhibited negative straight leg raising. Similarly, in an earlier consultation of November 14, 2014 the applicant again acknowledge that lower extremity paresthasias had resolved. All of the foregoing, taken together, argued against the presence of any nerve root dysfunction for which the EMG testing at issue would have been indicated. Therefore, the request was not medically necessary.

NCS of the Bilateral Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 14, Table 14-6, page 377, the routine usage of electrical studies is "not recommended" without some clinical evidence of a lower extremity entrapment neuropathy, tarsal tunnel syndrome, etc. Here, however, there is no mention of the applicant's having issues with a suspected lower extremity neuropathic pain-related process. As noted on the November 14, 2014 consultation, the applicant's lower extremity paresthasias had resolved as of that point in time. The applicant did not have a systemic disease process such as diabetes, hypothyroidism, or alcoholism which would have resulted in a heightened disposition toward development of a lower extremity neuropathy, it is further noted. Therefore, the request was not medically necessary.

