

Case Number:	CM15-0034928		
Date Assigned:	03/05/2015	Date of Injury:	09/05/2014
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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 low back pain reportedly associated with an industrial injury of September 12, 2014. In a Utilization Review Report dated February 18, 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 February 2, 2015 and an associated progress note of January 19, 2015 in its determination. The applicant was off of work, the claims administrator contended. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, left shoulder pain, left elbow pain, left foot pain, and left hand pain. Tenderness about the epicondylar region, shoulder rotator cuff musculature, and cervical paraspinal musculature were reported. A pain management referral and lumbar epidural steroid injection therapy were proposed. The applicant had completed 13 sessions of acupuncture. Various topical compounds were renewed. MRI imaging of shoulder and urine drug testing were also ordered. A functional capacity evaluation and electrodiagnostic testing of the bilateral lower extremities were proposed while the applicant was placed 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:

Nerve conduction velocity test (NCV) of right 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: Low Back; Nerve conduction studies (NCS).

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

Decision rationale: No, the request for nerve conduction testing of the right lower extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies are not recommended for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having issues with a suspected tarsal tunnel syndrome, entrapment neuropathy, generalized lower extremity neuropathy, peripheral neuropathy, diabetic neuropathy, etc. The attending provider's documentation of January 19, 2015, furthermore, failed to outline any lower extremity radicular and/or neuropathic pain complaints. Therefore, the request was not medically necessary.

Nerve conduction velocity test (NCV) of left 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: Low Back; Nerve conduction studies (NCS).

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

Decision rationale: Similarly, the request for nerve conduction testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies such as the nerve conduction testing at issue are "not recommended" for routine foot and/or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, the report of January 19, 2015 did not establish the presence or suspicion of issues such as tarsal tunnel syndrome, lower extremity entrapment neuropathy, compression neuropathy, diabetic neuropathy, generalized peripheral neuropathy, etc. The attending provider's report of January 19, 2015 made no mention of the applicant's having any left lower extremity neuropathic or radicular pain complaints. The applicant's pain complaints were seemingly axial, it was suggested on that date. No clearly stated rationale accompanied the request for authorization. It was not stated what was suspected insofar as the left lower extremity was concerned. Therefore, the request was not medically necessary.

Electromyograph (EMG) of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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

Decision rationale: Similarly, the request for EMG testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify diagnosis of nerve root dysfunction, in this case, however, the attending provider's documentation of January 19, 2015 was not suggestive of nerve root dysfunction pertaining to the lumbar spine and/or left lower extremity. Only incidental mention was made of the applicant's low back pain. There was no mention made of the applicant's having any lower extremity radicular and/or neuropathic pain complaints. The multiplicity and multifocal nature of the applicant's pain complaints, which reportedly included the cervical spine, thoracic spine, lumbar spine, left shoulder, left elbow, left wrist, and left hand, furthermore, reduced the likelihood of the applicant's carrying a diagnosis of bona fide nerve root dysfunction involving the lumbar spine and/or left lower extremity. Therefore, the request was not medically necessary.

Electromyograph (EMG) of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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

Decision rationale: Finally, the request for EMG testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify diagnosis of nerve root dysfunction, in this case, however, there was no mention of the applicant's having any suspected nerve root dysfunction on or around the January 19, 2015 office visit on which the article in question was initiated. The applicant's low back pain complaints were seemingly entirely axial on that date. There was no mention of the applicant's having any radicular pain complaints on or around January 19, 2015. The multifocal nature of the applicant's pain complaints, which included the cervical spine, thoracic spine, lumbar spine, left shoulder, left elbow, left wrist, and left hand, furthermore, reduced the likelihood of the applicant's carrying a bona fide diagnosis of nerve root dysfunction involving the lumbar spine and/or right lower extremity, it was further noted. Therefore, the request was not medically necessary.