

Case Number:	CM15-0037718		
Date Assigned:	03/06/2015	Date of Injury:	04/26/2001
Decision Date:	04/23/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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 47-year-old [REDACTED] employee who has filed a claim for chronic neck, wrist, and low back pain reportedly associated with an industrial injury of April 26, 2001. In a Utilization Review Report dated January 29, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. An RFA form and an associated progress note of January 22, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a January 14, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg. Hyposensorium was appreciated about the right leg. The attending provider noted that the applicant had had earlier electrodiagnostic testing of June 2011 demonstrating an S1 radiculopathy with distal axonal neuropathy. Butrans was endorsed. The note was very difficult to follow and mingled historical issues with current issues. The applicant was asked to continue Norco, Effexor, Ambien, Norflex, Neurontin, Ativan, Ultram, Zanaflex, Zestril, Coreg, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for electrodiagnostic testing of 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 "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant does, in fact, seemingly carry a diagnosis of clinically evident, electrodiagnostically confirmed lumbar radiculopathy. Earlier electrodiagnostic testing in 2011 did establish evidence of an S1 radiculopathy superimposed on issues with the distal peripheral neuropathy. The applicant has apparently been given and continues to use gabapentin for the same. The attending provider's documentation and progress note of January 14, 2015 were difficult to follow, sparse, and did not clearly establish or outline why a repeat electrodiagnostic testing was proposed when the applicant already carried definitive diagnoses of lumbar radiculopathy and lower extremity peripheral neuropathy. Therefore, the request was not medically necessary.