

Case Number:	CM15-0048390		
Date Assigned:	03/20/2015	Date of Injury:	04/11/2008
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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 36-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 11, 2008. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities. An RFA form received on February 5, 2015 was referenced in the determination. The claims administrator rationale was somewhat circuitous but seemingly suggested that the applicant already had an established diagnosis of lumbar radiculopathy. The applicant's attorney subsequently appealed. In an RFA form dated February 6, 2015, the applicant was placed off of work, on total temporary disability, through April 22, 2015. In an August 27, 2014 progress note, the applicant was placed off of work, on total temporarily disability, owing to ongoing complaints of low back and hip pain. The note was very difficult to follow and not altogether legible. In an office note dated October 13, 2014, the applicant's treating provider conducted a comprehensive survey of records and did acknowledge that the applicant had had negative electrodiagnostic testing of bilateral lower extremities of February 17, 2011. The attending provider also alluded to the lumbar MRI imaging of June 14, 2010 demonstrating a T11-T12 disk herniation with associated thecal sac indentation. Lumbar MRI imaging dated November 12, 2014 was notable for multilevel facet arthropathy and multilevel degenerative changes of uncertain clinical significance. On December 12, 2014, the applicant's treating provider stated that the applicant had predominantly axial low back pain, for the most part, degenerative lower extremity and degenerative disk disease of the lumbar spine. Electrodiagnostic testing of the lower extremities was subsequently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conduction Studies (NCV) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 309; 477.

Decision rationale: No, the request for electrodiagnostic testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing can be employed to confirm a diagnosis of nerve root dysfunction, in cases of suspected radiculopathy, in this case, however, the applicant's attending provider wrote on December 12, 2014 that the applicant had predominantly axial back pain attributed to degenerative disk disease of the lumbar spine. The applicant was asked to pursue lumbar radiofrequency ablation procedure on that date. There was no mention of the applicant's having suspected radicular pain complaints at that point in time, seemingly obviating the need for the EMG component of the request. 1b. Similarly, the nerve conduction testing component of the request 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 (AKA nerve testing) of the lower extremities are deemed not recommended actually from clearly voiced suspicion or clinical evidence of a tarsal tunnel syndrome, peripheral neuropathy, entrapment neuropathy, etc. Here, however, there was no mention of the applicant's having issues with generalized lower extremity neuropathy, peripheral neuropathy, diabetic neuropathy, entrapment neuropathy, tarsal tunnel syndrome, etc. Since the both EMG and NCV components of the request were not indicated, the request was not medically necessary.