

Case Number:	CM15-0081722		
Date Assigned:	05/04/2015	Date of Injury:	01/14/2011
Decision Date:	06/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 14, 2011. In a Utilization Review report dated April 17, 2015, the claims administrator partially approved a request for electrodiagnostic testing of the bilateral lower extremities with an associated evaluation to EMG testing of the bilateral lower extremities alone. The claims administrator referenced a RFA form received on April 10, 2015 in its determination, as well as a progress note of April 1, 2015. The applicant's attorney subsequently appealed. Lumbar MRI imaging dated February 4, 2015 was notable for the absence of any significant antecedent to prior evaluation, without evidence of recurrent herniation or stenosis. Multilevel degenerative disk disease was evident. On February 20, 2015, the attending provider appealed a previously denied functional restoration program. On March 27, 2015, the applicant reported severe low back pain complaints radiating into the bilateral lower extremities. The applicant had previously established diagnoses of lumbar radiculopathy and posttraumatic stress syndrome, the treating provider stated, per an earlier Medical-legal Evaluation of 2012, it was suggested. Highly variable 7-10/10 pain complaints were reported. The applicant did report complaints of low back pain radiating to the left calf, left foot, left thigh, and right thigh, it was reported. On January 24, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, left greater than right, 7-8/10. The applicant's medications included albuterol, Cymbalta, Nucynta, and Norco, it was suggested. MRI imaging was endorsed. The applicant's past medical history was notable for earlier failed lumbar spine surgery, depression, posttraumatic stress disorder (PTSD), dysphagia, an earlier MI, carpal tunnel release surgery, and hysterectomy, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography/Nerve Conduction Studies and evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: No, the request for EMG-NCV testing of the bilateral lower extremities with associated evaluation 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 have a clinically obvious radiculopathy. Here, the applicant did, in fact, carry a diagnosis of clinically obvious radiculopathy status post earlier lumbar spine surgery, as reported above. The applicant did report ongoing complaints of low back pain radiating into bilateral lower extremities, as suggested on several other occasions, above. All of the foregoing, taken together, suggested that the applicant's operating diagnosis was, in fact, lumbar radiculopathy, seemingly obviating the need for EMG testing. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies are not recommended for routine foot and ankle problems without clinical evidence or suspicion of tarsal tunnel syndrome, entrapment neuropathy, compression neuropathy, etc. Here, there was no mention of the applicant's carrying a systemic disease process such as diabetes or hypothyroidism on a January 24, 2015 consultation, referenced above. Lumbar radiculopathy, appeared, by all accounts, to be the sole pain generator. There was no mention or suspicion of the applicant's having a superimposed issue or process such as tarsal tunnel syndrome, diabetic neuropathy, generalized peripheral neuropathy, etc., which would have compelled the NCV component of the request. Since both the EMG and NCV components of the request cannot be supported, the request was not medically necessary.