

<b>Case Number:</b>	CM15-0082460		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 24, 2014. In a Utilization Review report dated April 14, 2015, the claims administrator partially approved a request for electro diagnostic testing of the bilateral lower extremities as EMG testing of the left lower extremity alone. The claims administrator referenced an RFA form received on April 7, 2015 in its determination. Norco was partially approved, apparently for weaning or tapering purposes. The applicant's attorney subsequently appealed. Electro diagnostic testing of April 21, 2015 was negative for any lumbar radiculopathy or peripheral neuropathy. The applicant was described as having complaints of low back pain radiating to the left leg, exacerbated by lifting, bending, stooping, and carrying, it was reported. On December 2, 2014, the applicant was placed off work, on total temporary disability, while Norco was renewed. The applicant reported difficulty-performing activities of daily living as basic as walking, standing, bending, sleeping, and lifting, it was reported on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 272; 377.

**Decision rationale:** No, the request for electro diagnostic testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of EMG or NCV testing in the evaluation of asymptomatic applicants is "not recommended." Here, however, both the progress note of December 2, 2014 and electro diagnostic testing of April 21, 2015 suggested that the applicant's radicular pain complaints were confined to the symptomatic left lower extremity. Here, thus, the request for bilateral lower extremity electro diagnostic testing to include testing of the asymptomatic right lower extremity runs counter to MTUS principles and parameters. The NCV component of the request likewise cannot be supported here. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, lumbar radiculopathy appeared to be the sole diagnostic consideration, effectively arguing against the need for the NCV component of the request. Therefore, the request was not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was not working; it was suggested on several occasions, referenced above, including on a January 6, 2015 and on November 4, 2014. The applicant's continued difficulty with performance of activities as basic as standing, walking, lifting, and bending likewise did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.