

Case Number:	CM15-0083370		
Date Assigned:	05/05/2015	Date of Injury:	10/11/2012
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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 45-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 11, 2012. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right lower extremity. The claims administrator referenced a progress note and associated RFA form of March 17, 2015. Non-MTUS Third Edition ACOEM Guidelines were placed at the bottom of the report but were not incorporated into the report rationale. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 8/10, it was reported. Neck pain was also evident. Neurontin, acupuncture, physical therapy, and electrodiagnostic testing of the bilateral lower extremities were sought. The applicant was given an operating diagnosis of lumbar spinal stenosis. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider stated that the applicant's pain remained poorly controlled, despite ongoing usage of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) EMG and/or NCV studies to the right lower extremity: 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 electrodiagnostic testing of the right lower extremity 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 was described on the March 17, 2015 progress note in question as having ongoing complaints of low back pain radiating to the bilateral lower extremities, reportedly moderate to severe. Neurontin was endorsed, presumably for radicular pain complaints. The attending provider stated that the applicant carried a diagnosis of lumbar spinal stenosis in the diagnoses section of the report. Thus, all evidence on file pointed to the applicant's carrying a diagnosis of clinically-obvious radiculopathy, seemingly obviating the need for the EMG component of the request. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that the usage of electrical studies or NCV testing for routine foot and ankle problems is "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having a suspected entrapment neuropathy, tarsal tunnel syndrome, generalized compressive neuropathy, diabetic neuropathy, etc. There was no mention of the applicant's carrying a systemic disease process such as diabetes, hypothyroidism, or alcoholism which would predispose the applicant toward development of generalized peripheral neuropathy. The NCV component of the request, thus, is not indicated. Since both the EMG and NCV components of the request were not indicated, the request was not medically necessary.