MAXIMUS Federal Services

Case Number:	CM15-0083455		
Date Assigned:	05/05/2015	Date of Injury:	01/12/2014
Decision Date:	06/05/2015	UR Denial Date:	03/30/2015
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 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 12, 2014. In a Utilization Review report dated March 30, 2015, the claims administrator approved a lumbar MRI while denying electrodiagnostic testing of bilateral lower extremities and urine drug testing. The claims administrator referenced a March 25, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant reported multifocal complaints of low back and bilateral knee pain. The applicant reported occasional complaints of foot pain and rare shoulder pain. The applicant had received physical therapy treatment and acupuncture through previous providers. The applicant was off of work, on total temporary disability, it was acknowledged. In another section of the note, the attending provider stated that the applicant's low back pain was radiating into legs and interfering with the applicant's ability to walk. The applicant had a past medical history notable for migraine headaches, it was reported. The applicant exhibited hyposensorium about the left leg with 5/5 lower extremity motor function on exam. No focal motor deficits were appreciated. The applicant did exhibit a limp, however. Positive straight leg raising was reported. A rather proscriptive 10-pound lifting limitation was endorsed, which the treating provider suggested would result in the applicant's removal from the workplace. Lumbar MRI imaging and bilateral lower extremity electrodiagnostic testing were proposed, along with urine drug testing to include quantitative and confirmatory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 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 with a clinically evident radiculopathy. Here, all evidence on file pointed to the applicant's carrying a diagnosis of clinically evident lumbar radiculopathy, with ongoing complaints of low back pain radiating into the bilateral lower extremities, 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 electrical studies or NCV testing are "not recommended" for applicants with foot or ankle pain complaints without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, lumbar radiculopathy was the sole stated suspected diagnosis. There was no mention of the applicant's carrying a superimposed or suspected disease process such as generalized peripheral neuropathy, diabetic neuropathy, tarsal tunnel syndrome, entrapment neuropathy, etc. Since both the EMG and NCV components of the request were not indicated, the request was not medically necessary.

UTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for an "UTS" test was likewise not medically necessary, medically appropriate, or indicated here. Based on the Utilization Review report, the request in fact represented a request for urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing notes, however, that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, should clearly state when an applicant was last tested, and attempt to categorize applicants into higher- or lower-risk categories for whom more

or less frequent drug testing would be indicated. Here, however, there was no attempt made to categorize the applicant into higher- or lower-risk categories. The attending provider did seemingly state that he was intent on performing confirmatory and/or quantitative testing, despite the unfavorable ODG position on the same. No rationale for drug testing was furnished. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.