

Case Number:	CM15-0084683		
Date Assigned:	05/06/2015	Date of Injury:	02/19/2014
Decision Date:	07/02/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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 Matrix Absence Management, Inc. beneficiary who has filed a claim for chronic neck pain and posttraumatic headaches reportedly associated with an industrial injury of February 19, 2014. In a utilization review report dated April 6, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced a March 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a March 12, 2015 RFA form, the attending provider sought authorization for electrodiagnostic testing of the bilateral lower extremities, Norco, Naprosyn, and Prilosec. In an associated progress note dated March 10, 2015, difficult to follow, handwritten, at times illegible, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities, 8/10. Ancillary complaints of shoulder pain, also 8/10, were reported. The applicant apparently had issues with a labral tear, pending an orthopedic consultation and further evaluation. The applicant had had earlier electrodiagnostic testing suggestive of bilateral carpal tunnel syndrome, it was reported. The applicant also reported 7/10 low back pain radiating to the bilateral lower extremities. The applicant was asked to pursue chiropractic manipulative therapy for the low back. The applicant was asked to continue Norco, Naprosyn, and Prilosec. The applicant was given a rather proscriptive limitation of no lifting more than 5 pounds. It did not appear that the applicant was working with said limitations in place. The attending provider seemingly stated that electrodiagnostic testing of the bilateral lower extremities was being sought for the purpose of ruling out radiculopathy versus spinal stenosis. The note was very difficult to follow, not

entirely legible, and did not provide any record of what treatment and/or diagnostic studies had or had not transpired to date. The applicant's past medical history was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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 page(s): 309.

Decision rationale: No, the request for EMG 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 deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant already seemingly carried an established diagnosis of lumbar radiculopathy. It was not clearly stated why EMG testing was being sought in the face of the same. The attending provider's handwritten progress note of March 10, 2015 did not clearly state how the proposed EMG would influence or alter the treatment plan. The results of previous lumbar MRI imaging (if any) and/or previous electrodiagnostic testing (if any) were not clearly discussed or detailed. Therefore, the request was not medically necessary.

NCS right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints page(s): 377. Decision based on Non-MTUS Citation.

Decision rationale: Similarly, the request for nerve conduction testing of right lower extremity 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, the routine usage of electrical studies (a.k.a. nerve conduction testing) is "not recommended" without clinical evidence of tarsal

tunnel syndrome or other entrapment neuropathies. In a similar vein, while the Third Edition ACOEM Guidelines' Chronic Pain Chapter notes on page 848 that nerve conduction studies are recommended when there is a peripheral systemic neuropathy of uncertain cause, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider stated the only items on the differential diagnosis list were lumbar radiculopathy versus spinal stenosis. There was no mention of the applicant's carrying a diagnosis which could potentially be uncovered via nerve conduction testing, such as diabetic neuropathy, generalized peripheral neuropathy, hepatitis-induced neuropathy, hypothyroidism-induced neuropathy, alcoholism-induced neuropathy, etc. Therefore, the request was not medically necessary.

NCS left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints page(s): 377. Decision based on Non-MTUS Citation.

Decision rationale: Similarly, the request for nerve conduction testing of the left lower extremity 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 (a.k.a. nerve conduction testing) of the foot and ankle is "not recommended" absent some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In a similar vein, while the Third Edition ACOEM Guidelines' Chronic Pain Chapter does recommend nerve conduction studies when there is a peripheral systemic neuropathy of uncertain cause, here, however, the attending provider stated that the sole items on the differential diagnosis list were lumbar radiculopathy versus spinal stenosis. There was no mention of the applicant's carrying a diagnosis such as tarsal tunnel syndrome, diabetic neuropathy, generalized peripheral neuropathy, hypothyroidism-induced neuropathy, alcoholism-induced neuropathy, etc., which could potentially be uncovered on the nerve conduction testing at issue. Therefore, the request was not medically necessary.

EMG left 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 page(s): 309.

Decision rationale: Finally, the request for EMG testing of the left lower extremity was likewise 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 limited information on file, namely the March 10, 2015 progress note, did suggest that the applicant carried a diagnosis of clinically evident radiculopathy, with ongoing complaints of low back pain radiating to the bilateral lower extremities. It was not clearly stated how the proposed EMG testing would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider any kind of invasive procedure based on the outcome of the study in question. The results of previous electrodiagnostic testing and/or imaging studies (if any) were not discussed or detailed. Therefore, the request was not medically necessary.