

Case Number:	CM15-0085356		
Date Assigned:	05/07/2015	Date of Injury:	11/01/2013
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
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 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 1, 2013. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced an April 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by sitting, standing, walking, 6-7/10. The applicant was not working, it was acknowledged. The applicant had had earlier MRI imaging demonstrating a herniated disk at L5-S1, it was reported. Hyposensorium was noted about the legs. Electrodiagnostic testing of bilateral lower extremities and Tylenol No. 3 were endorsed while the applicant was given a 20-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. A spine surgery consultation was proposed. The applicant denied diabetes, it was explicitly stated in the review of systems section of the note. The applicant had no major illnesses and no medical conditions which required ongoing treatment, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of 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-Low Back Chapter, EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 377.

Decision rationale: No, the request for electrodiagnostic testing of 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 deemed not recommended for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the attending provider's progress note of March 18, 2015 suggested that the applicant had a clinically-evident, radiographically-confirmed lumbar radiculopathy with evidence of a disk herniation present at the L5-S1 level, the treating provider reported, 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 (AKA) NCV testing is not recommended for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, lumbar radiculopathy appeared to be the sole suspected diagnostic consideration. The applicant's past medical history was negative, it was reported on March 18, 2015. There was no mention or evidence of the applicant's carrying a superimposed systemic diagnosis or disease process which would predispose the applicant toward development of generalized peripheral neuropathy, such as diabetes, hypothyroidism, and/or alcoholism. Therefore, the request was not medically necessary.