

<b>Case Number:</b>	CM15-0242521		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 2, 2012. In a Utilization Review report dated November 23, 2015, the claims administrator failed to approve a request for electro-diagnostic testing of the bilateral lower extremities. The claims administrator referenced an October 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated November 16, 2015, electro-diagnostic testing of the bilateral lower extremities was proposed, reportedly on the grounds that an Agreed Medical Evaluator (AME) had recommended the same. On an associated progress note dated October 16, 2015, the applicant reported ongoing issues with chronic low back and left buttock pain, 8/10. The applicant's medication list included Prilosec, Flagyl, Tramadol, Flexor, Naproxen, and Celebrex. It was not clearly stated when the applicant's medications were last updated. Hypo-sensorium about the left leg with give-way weakness was noted on the left lower extremity manual muscle testing. The applicant was given diagnoses of sacroiliitis, lumbar disc displacement, and lumbar degenerative disc disease. Home exercises and acupuncture were proposed. No explicit mention of the need for electro-diagnostic testing was made. On an earlier note dated August 21, 2015, the applicant was described as having had lumbar MRI imaging of the same date, August 21, 2015, demonstrating multilevel degenerative disc disease with associated disc bulging without frank stenosis. Hypo-sensorium about the left leg and give-way weakness were noted on manual muscle testing. It was stated that the applicant had had electro-diagnostic testing of the bilateral lower extremities, which was

reportedly normal. Multilevel lumbar medial branch blocks were sought. On June 26, 2015, the applicant received a diagnostic epidural injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for electro-diagnostic testing (EMG-NCV) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify a diagnosis of suspected nerve root dysfunction, here, however, little-to-no narrative accompanied the November 16, 2015 RFA form. It appeared, thus, that the attending provider had seemingly sought authorization for electro-diagnostic testing of the lower extremities on the grounds that an Agreed Medical Evaluator (AME) had suggested the same. A clear rationale for electro-diagnostic testing was not seemingly furnished, particularly in the face of the attending provider's commentary on August 21, 2015 that the applicant had had recent electro-diagnostic testing of lower extremities which "was normal." It was not clearly stated why repeat electro-diagnostic was sought seemingly in the face of the applicant's having already had recent negative electro-diagnostic testing of the lower extremities. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies are deemed "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, lumbar radiculopathy appeared to represent the sole item on the differential diagnosis list, arguing against the need for the NCV component of the request. Since both of the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.