

Case Number:	CM14-0138191		
Date Assigned:	09/05/2014	Date of Injury:	01/07/2013
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the lumbar spine of April 11, 2014, notable for a right L5-S1 disk extrusion of 9-mm depth with associated significant right lateral recess stenosis; and one prior S1 epidural steroid injection on May 23, 2014. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for electrodiagnostic testing of the right lower extremity. The claims administrator did not, however, incorporate cited MTUS or non-MTUS guidelines into its rationale. The applicant's attorney subsequently appealed. In a July 1, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was using Flexeril and tramadol for pain relief. The applicant was asked to obtain electrodiagnostic testing and/or NCS of the lower extremity. Tramadol and Flexeril were renewed. The applicant did exhibit a normal gait with well-preserved lower extremity sensation and reflexes, it is incidentally noted. Lumbar radiculopathy was the stated diagnosis. On May 7, 2014, the applicant again reported persistent complaints of low back pain radiating to the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the 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 (ODG), Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." In this case, there is, in fact, no compelling evidence of any lower extremity peripheral neuropathy, tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc. The applicant appears to have a clinically evident, radiographically confirmed lumbar radiculopathy with large disk herniation and associated significant lateral recess stenosis at the L5-S1 level. There is no evidence of any superimposed process such as an entrapment neuropathy or generalized peripheral neuropathy present here. Therefore, the request is not medically necessary.

EMG of the right lower extremity: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the applicant has a clinically evident, radiographically confirmed radiculopathy with a large disk herniation at L5-S1 and associated severe right lateral recess stenosis. EMG testing, by definition, is superfluous. Therefore, the request is not medically necessary.