MAXIMUS Federal Services

Case Number:	CM14-0145046		
Date Assigned:	09/12/2014	Date of Injury:	05/22/2008
Decision Date:	11/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 May 22, 2008. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and an epidural steroid injection therapy. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for electrodiagnostic testing of the right lower extremity. The claims administrator stated that there was no documentation that the applicant had exhausted conservative measures, despite the fact that the applicant was some six plus years removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right leg. The applicant was using both OxyContin and oxycodone. The applicant exhibited 5/5 lower extremity strength with hyporeflexia appreciated about the ankles. The applicant was severely obese, standing 5 feet 9 inches tall and weighing 275 pounds. The applicant had been off of work for the past six years, it was stated. Repeat right lower extremity electrodiagnostic testing was sought. It was stated that it was unlikely that the applicant would ever return to usual and customary work. It was stated that the applicant was not a good candidate for surgery, given his obesity and work status. In a March 20, 2014 progress note, the applicant explicitly denied issues with diabetes in the review system section of the note but did acknowledge that he was depressed and anxious. Lumbar MRI imaging of August 26, 2014 was notable for moderate severe bilateral neuroforaminal stenosis at the L5-S1 level with associated impingement on the exiting right L5 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (Nerve Conduction Velocity) study 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), Treatment Index, 11th edition (web), 2014, Low Back- Thoracic & Lumbar (Acute & Chronic), 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 are not recommended for routine leg problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there is no mention of the applicant's having issues with suspected tarsal tunnel syndrome, entrapment neuropathy, generalized lower extremity neuropathy, compression neuropathy, etc., which would compel the nerve conduction testing at issue. There was no mention of the applicant's having issues with diabetes, alcoholism, hypothyroidism, or other condition which would predispose toward development of a lower extremity neuropathy. In a progress note of March 20, 2014, it is incidentally noted, the applicant explicitly denied issues with diabetes. Therefore, the request is not medically necessary.

EMG (Electromyography) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 lumbar radiculopathy. The applicant has had earlier lumbar MRI imaging demonstrating a large herniated disk with associated nerve root compromise at the L5 level. The applicant has already undergone epidural steroid injection therapy, again, for an already established diagnosis of lumbar radiculopathy. All of the above, taken together, suggested that the applicant has a clinically-evident, radiographically-confirmed lumbar radiculopathy, effectively obviating the need for the proposed EMG testing. Therefore, the request is not medically necessary.