

Case Number:	CM14-0214171		
Date Assigned:	02/04/2015	Date of Injury:	06/06/2014
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Ohio, 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 30-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of June 6, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a utilization review report dated December 8, 2014, the claims administrator failed to approve request for electrodiagnostic testing of the bilateral lower extremities. The applicant's attorney subsequently appealed. The electrodiagnostic testing in question appears to have been performed, despite the unfavorable utilization review determination. Electrodiagnostic testing of December 9, 2014 was interpreted as normal electrodiagnostic testing of the bilateral lower extremities. It was stated that the applicant had alleged issues with cumulative trauma involving the neck, low back, and left shoulder. The applicant denied any issues with hypertension and/or diabetes. The applicant was using Norco and Motrin, it was further acknowledged. Earlier lumbar MRI imaging of November 14, 2014 was notable for a broad-based disc herniation indenting the thecal sac at the L4-L5 level, generating impingement on the L4 nerve root. A broad-based disc herniation was also noted at L5-S1, again indenting the thecal sac. In a July 30, 2014 progress note, the applicant reported ongoing complaints of low back pain, 7-8/10. The applicant was apparently not working. The applicant was represented, it was noted. The applicant was on Norco and Motrin for pain relief. 5/5 motor strength was noted. The applicant was to transfer care to an orthopedic spine surgeon and pursue additional chiropractic manipulative therapy. On October 6, 2014, the applicant was described as still experiencing low back and leg pain. Work restrictions were endorsed, along

with lumbar MRI imaging. On October 20, 2014, the applicant's primary treating provider stated that he was awaiting the results of previously ordered lumbar MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309;477.

Decision rationale: No, the request for EMG/NCV testing of the 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 applicant had a clinically evident, radiographically confirmed lumbar radiculopathy. Lumbar MRI imaging of November 14, 2014 was notable for large disc herniations at the L4-L5 and L5-S1 levels. These disc herniations did seemingly account for the applicant's lower extremity radicular complaints, 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 the routine usage of electrical studies of the ankle and foot are "not recommended" without compelling clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, as with the EMG component of the request, the applicant already carried a diagnosis of clinically evident, radiographically confirmed lumbar radiculopathy, effectively obviating the need for the nerve conduction testing portion of the request as well. The applicant did not have any systemic disease process such as diabetes, hypothyroidism, alcoholism, etc., which would increase the likelihood of the applicant's carrying a superimposed diagnosis such as generalized peripheral neuropathy. Therefore, the request was not medically necessary.