

Case Number:	CM14-0215022		
Date Assigned:	01/02/2015	Date of Injury:	02/12/2009
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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 [REDACTED] beneficiary who has filed a claim for chronic low back, hip, ankle, and knee pain reportedly associated with an industrial injury of February 12, 2009. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities apparently initiated on November 18, 2014. The applicant did, per the claims administrator, report persistent complaints of low back pain radiating into the bilateral lower extremities on that date. The claims administrator referenced a variety of MTUS and non-MTUS Guidelines. Large portions of the claims administrators rationale apparently invoked ODG in favor of MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left 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 Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309 Table 12-8.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is not recommended in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant did have ongoing symptoms of low back pain radiating into the bilateral lower extremities evident on the November 2014 progress note in which the EMG testing at issue was sought. It was not clearly stated what purpose and/or what role the EMG testing at issue would serve. The diagnosis of radiculopathy appeared to be clinically evident. Therefore, the request was not medically necessary.

EMG 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 Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309 Table 12-8.

Decision rationale: 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 did seemingly have ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant did, thus, have a clinically evident lumbar radiculopathy present on or around the date the EMG testing at issue was endorsed. No clear rationale for pursuit of EMG testing was furnished in the face of the applicants already carrying a diagnosis of clinically obvious radiculopathy. Therefore, the request was not medically necessary.

NCV Left 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 Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377 Table 14-6.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies such as the nerve conduction testing at issue are not recommended for individuals with routine ankle and foot problems without some clinical evidence or suspicion of tarsal tunnel syndrome or other lower extremity entrapment neuropathy. Here, however, there was no mention of the applicants having any neuropathic issues. There was no mention or

suspicion of the applicants carrying a diagnosis of lower extremity neuropathy. The applicant did not likewise carry systemic diagnosis or disease processes such as diabetes, hypothyroidism, and/or alcoholism which would heighten the applicants' predisposition toward development of a generalized lower extremity peripheral neuropathy. Therefore, the request was not medically necessary.

NCV 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 Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377 Table 14-6.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies such as the nerve conduction testing at issue are deemed not recommended for routine foot and ankle problems except in individuals who have some clinical evidence or suspicion of neuropathic issues such as a tarsal tunnel syndrome or focal entrapment neuropathy. Here, however, there was no mention of the applicants carrying a diagnosis of focal lower extremity neuropathy, generalized peripheral neuropathy, tarsal tunnel syndrome, etc., which would compel the nerve conduction testing at issue. Therefore, the request was not medically necessary.