

Case Number:	CM15-0116076		
Date Assigned:	06/24/2015	Date of Injury:	07/26/2012
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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 55-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 26, 2012. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced an RFA form received on May 26, 2015 in its determination. The applicant's attorney subsequently appealed. Lumbar MRI imaging dated August 14, 2012 was notable for 3 mm left-sided foraminal protrusion with annular tearing of 3 to 4 mm which mildly narrowed the left neuroforamen without associated nerve root impingement. Electrodiagnostic testing dated October 15, 2012 was negative for any lumbar radiculopathy but did establish issues with axonal polyneuropathy, which the electrodiagnostician felt was often seen in diabetes mellitus. In a DU questionnaire, undated, prepared prior to a qualified medical evaluation (QME) of August 28, 2014, the applicant acknowledged that she was not working and was in fact receiving Workers' Compensation indemnity benefits. In an RFA form dated May 18, 2015, MRI imaging of lumbar spine, diagnostic ultrasound testing of bilateral shoulders, bilateral elbows, electrodiagnostic testing of bilateral lower extremities, an otolaryngology consultation, and a rheumatology consultation were ordered. In an associated progress note dated May 18, 2015, it was acknowledged that the applicant was not working owing to ongoing complaints of neck and low back pain. Ancillary complaints of wrist and thumb pain were reported. The applicant was placed off of work, on total temporary disability. Electrodiagnostic testing of bilateral upper and bilateral lower extremities, lumbar MRI imaging, and electrodiagnostic testing of bilateral

shoulders and bilateral elbows were proposed while the applicant was seemingly kept off of work. The applicant was apparently receiving medications, it was suggested. The note was very difficult to follow and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity) tests, Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - EMG (electromyography); NCS (nerve conduction study).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 272; 309. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848 4.

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 acknowledge that EMG testing is "recommended" to clarify a diagnosis of nerve root dysfunction, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The note was very difficult to follow, not entirely legible, did not clearly state how the proposed electro diagnostic testing would influence or alter the treatment plan. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV/EMG testing in evaluation of applicants with such nerve root entrapment is deemed "not recommended." Here, the fact that electro diagnostic testing of bilateral upper and bilateral lower extremities were concurrently ordered on May 18, 2015 did suggest that such testing was being performed for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction testing can be employed to determine the extent of a peripheral systemic neuropathy of uncertain cause, here, however, the applicant had already had earlier positive electro diagnostic testing of the lower extremities on October 15, 2012 which did establish axonal polyneuropathy, which the applicant's electro diagnostician felt was likely related to diabetes. The earlier positive electro diagnostic testing of October 15, 2012, thus, effectively obviated the need for the repeat testing proposed by the attending provider. Therefore, the request was not medically necessary.