

Case Number:	CM15-0117152		
Date Assigned:	06/25/2015	Date of Injury:	07/01/2009
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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 59-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and reflux reportedly associated with an industrial injury of July 1, 2009. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an RFA form received on May 28, 2015 in its determination, along with an associated progress note of May 18, 2015. The applicant's attorney subsequently appealed. In an internal medicine consultation dated June 4, 2015, the applicant reported ongoing issues with neck pain radiating to the arm and low back pain radiating to the bilateral lower extremities. Ancillary issues with reflux were reported. The applicant was an insulin-dependent diabetic, it was incidentally noted, and also had issues with depression. The applicant had undergone earlier failed cervical spine surgery, it was stated. The applicant was on Percocet, Duragesic, tramadol, Neurontin, Nexium, Cymbalta, and insulin, it was stated. Dulcolax was endorsed for constipation purposes, along with laboratory testing to include H. pylori testing. On May 18, 2015, the applicant's pain management physician noted that the applicant had various pain complaints, typically in the 7/10 range. The applicant was on Duragesic, Percocet, Prilosec, Ultracet, Cymbalta, and Neurontin, it was reported. 4-5/5 lower extremity strength with hyposensorium about the lower extremities was evident. The applicant was placed off of work, on total temporary disability. A spinal cord stimulator trial was sought.

Lumbar MRI imaging was endorsed. Trigger point injections were administered in the clinic. Multiple refills were proposed. The attending provider also stated that he was seeking electrodiagnostic testing of the lower extremities owing to the presence of severe radicular pain complaints about the same. The remainder of the file was surveyed. There was no seeming report of earlier electrodiagnostic testing of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA guidelines Carpal Tunnel Syndrome Chapter.

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

Decision rationale: The request for electrodiagnostic testing of the bilateral lower extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify a diagnosis of suspected nerve root dysfunction. Here, the applicant did present on multiple office visits, referenced above, reporting complaints of low back pain radiating to the bilateral lower extremities as high as 7/10. A lumbar radiculopathy was suspected, the treating provider posited. The MTUS does not address the topic of nerve conduction studies for individuals with suspected peripheral neuropathy. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction studies are recommended when there is peripheral systemic neuropathy of uncertain cause. Here, the applicant was an insulin-dependent diabetic. A peripheral neuropathy was, thus, quite possible and should have been entertained on the differential diagnosis list along with a suspected lumbar radiculopathy. Obtaining the electrodiagnostic testing in question was, thus, indicated to distinguish between a possible lumbar radiculopathy and/or superimposed diabetic neuropathy. Therefore, the request was medically necessary.