

Case Number:	CM15-0128796		
Date Assigned:	07/15/2015	Date of Injury:	03/06/2007
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/03/2015

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 45-year-old who has filed a claim for chronic low back and knee pain with derivative complaints of headaches and sleep disturbance reportedly associated with an industrial injury of March 6, 2007. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve requests for electro diagnostic testing of the bilateral lower extremities. The claims administrator referenced an RFA form received on May 29, 2015 and an associated progress note of May 18, 2015 in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of low back pain radiating down an unspecified leg. The note was very difficult to follow and contained numerous transcription blanks. Electro diagnostic testing of bilateral lower extremities was sought. The applicant was asked to employ a cane to move about. A rather proscriptive 15 pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On April 13, 2015, the applicant was described as having ongoing complaints of low back pain radiating down the left leg status post a lumbar epidural injection. 4-5/5 left lower extremity strength versus 5/5 right lower extremity strength was appreciated. Eight sessions of physical therapy and a rather proscriptive 15 pound lifting limitation were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant was given diagnoses of spinal stenosis and lumbar Radiculopathy. The applicant denied any endocrine diagnosis, it was acknowledged. The applicant's past medical history was not detailed or discussed. On January 12, 2015, the attending provider stated that the applicant had lumbar MRI imaging demonstrating moderate spinal stenosis at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (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 (ODG), Low Back (updated 05/15/15) Online Version.

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

Decision rationale: No, the request for EMG testing of the left lower extremity 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 not recommended for applicants who carry a diagnosis of clinically-obvious Radiculopathy, as was reportedly present here. The applicant had ongoing complaints of low back pain radiating to the left leg, it was reported on multiple office visits of January 12, 2015, April 13, 2015, and May 18, 2015, referenced above. The attending provider also stated on January 12, 2015 that the applicant's radicular pain complaints were the results of radiographically-confirmed spinal stenosis at the L4-L5 and L5-S1 levels, seemingly obviating the need for the EMG testing in question. Therefore, the request was not medically necessary.

Nerve conduction velocity (NCV) right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 05/15/15) Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848 4. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for nerve conduction testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies (AKA nerve conduction testing) is not recommended in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's having a suspected tarsal tunnel syndrome or other entrapment neuropathy.

Lumbar Radiculopathy and/or spinal stenosis were seemingly the sole items on the differential diagnoses list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction studies are recommended when there is clinical suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, there was no mention of the applicant's having issues with suspected peripheral neuropathy. There was no mention of the applicant's carrying a diagnosis such as hypothyroidism or alcoholism which would heighten the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 05/15/15) Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848 4. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for nerve conduction testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies (AKA nerve conduction testing) are deemed not recommended in the absence of clinical evidence or suspicion of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or focal entrapment neuropathy. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction testing when there is a peripheral systemic neuropathy of uncertain cause, here, however, lumbar Radiculopathy and spinal stenosis were seemingly the sole items on the differential diagnoses list. There was no mention of the applicant's carrying a systemic disease process such as diabetes, hypothyroidism, etc., which would have heightened the applicant's predisposition toward development of generalized lower extremity peripheral neuropathy. 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 ODG, Low Back (updated 05/15/15) Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309; 272.

Decision rationale: Finally, the request for EMG testing of the right lower extremity was likewise 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 not recommended in applicants who carry a diagnosis of clinically obvious Radiculopathy. Here, the treating provider reported on January 12, 2015 that the applicant had a clinically-evident, radiographically-confirmed lumbar Radiculopathy secondary to spinal stenosis at the L4-L5 and L5-S1 levels. The applicant's positive lumbar MRI results, thus, effectively obviated the need for the EMG testing at issue. The attending provider also noted on January 12, 2015 that the applicant's radicular pain complaints were confined to the symptomatic left lower extremity. A subsequent progress note of April 13, 2015 also suggested that the applicant's radicular symptoms were confined to the symptomatic left lower extremity. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV and EMG testing in the evaluation of applicants without symptom is deemed not recommended. Here, the attending provider did not furnish a clear or compelling rationale for EMG testing of the seemingly asymptomatic right lower extremity. Therefore, the request was not medically necessary.