

Case Number:	CM15-0169431		
Date Assigned:	09/10/2015	Date of Injury:	08/20/2008
Decision Date:	11/10/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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 41-year-old who has filed a claim for chronic low back, neck, and knee pain reportedly associated with an industrial injury of August 20, 2008. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right lower extremity. A July 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated July 13, 2015, the attending provider sought authorization for "updated" electrodiagnostic testing of the bilateral upper and bilateral lower extremities, stating that the applicant had last undergone electrodiagnostic testing of the same in 2013. The applicant had undergone earlier lumbar spine surgery and had also undergone earlier cervical epidural steroid injections, the treating provider reported on this RFA form. The treating provider stated that the applicant had multilevel cervical disk herniations present via the said RFA form. On an associated July 13, 2015 office visit, the applicant reported ongoing complaints of low back pain and constant numbness about the right hand. The applicant also reported right lower extremity pain complaints. The applicant exhibited a well-healed surgical incision line at L4-L5, it was acknowledged. The applicant was described as having issues of disk herniations above and below the level of previous L4-L5 fusion. The applicant received a Toradol injection in the clinic. Electrodiagnostic testing of the bilateral upper and lower extremities was sought on the grounds that the applicant needed "updated" testing. Oxycodone, Ativan, Cymbalta, Flector, and Neurontin were all prescribed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page, 848.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the right 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 deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described as having issues with a clinically obvious radiculopathy present as of the July 13, 2015 office visit in question. The attending provider stated that the applicant had known issues with disk herniations above and below the level of the prior lumbar fusion surgery at L4-L5, seemingly obviating the need for the EMG testing component of the request. In a similar vein, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies (AKA nerve conduction testing) is deemed "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, lumbar radiculopathy was the sole item on the differential diagnosis list insofar as the applicant's right lower extremity pain complaints were concerned. There was no mention of the applicant's having issues with a superimposed tarsal tunnel syndrome or other entrapment neuropathy type process which would have compelled the nerve conduction testing in question. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction studies are recommended whenever there is suspicion of peripheral systemic neuropathy of uncertain cause, here, again, lumbar radiculopathy seemingly represented the sole item on the differential diagnosis list. There was no mention of the applicant's having a suspected peripheral neuropathy or having a superimposed disease such as diabetes, alcoholism, hypothyroidism, hepatitis, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.