MAXIMUS Federal Services

Case Number:	CM15-0169432		
Date Assigned:	09/10/2015	Date of Injury:	08/20/2008
Decision Date:	11/09/2015	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 hip pain reportedly associated with an industrial injury of August 28, 2008. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left lower extremity. A July 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said July 13, 2015 RFA form, electrodiagnostic testing of bilateral lower extremities, an internal medicine practitioner and a neurology consultation were sought. In an associated progress note of July 13, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg, 5-6/10. The applicant had undergone earlier lumbar spine surgery, it was reported. The applicant was described as having residual radicular pain complaints status post earlier lumbar spine surgery. "Updated" electrodiagnostic testing of bilateral upper and bilateral lower extremities was sought, seemingly on the grounds that the applicant had not had stress testing since 2013. A toradol injection was administered while oxycodone, Cymbalta, Ativan, topical compounds, Flector, and Neurontin were all renewed. The applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) 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 deemed "not recommended" for applicants who carry a diagnosis of clinically-obvious radiculopathy. Here, the applicant did apparently carry a diagnosis of clinically- obvious radiculopathy, it was suggested on the July 13, 2015 office visit in question. The applicant had residual radicular pain complaints status post earlier lumbar spine surgery, seemingly obviating the need for the electrodiagnostic testing in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment or in screening of applicants without symptoms is deemed "not recommended." Here, the applicant's symptoms were seemingly confined to the right lower extremity, the treating provider reported on July 13, 2015. Electrodiagnostic testing of the seemingly asymptomatic left lower extremity was, thus, at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. The fact that electrodiagnostic testing of the bilateral upper and bilateral lower extremities were concurrently ordered strongly suggested that electrodiagnostic testing was being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.