

<b>Case Number:</b>	CM15-0028404		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 23, 2010. In a utilization review report dated February 11, 2015, the claims administrator failed to approve a request for electrodiagnostic testing to the bilateral lower extremities and a follow-up office visit. An RFA form dated February 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of April 21, 2014 was notable for mild L5-S1 radiculopathy, acute. In an RFA form dated January 25, 2015, electrodiagnostic testing and a follow-up visit in four weeks were endorsed. The applicant was status post an L4-L5 microdiscectomy, it was incidentally noted, and had residual left lower extremity radicular complaints, it was suggested. In an associated progress note dated January 22, 2015, the applicant reported ongoing complaints of low back pain status post earlier L4-L5 microdiscectomy on January 2, 2013. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant's past medical history is reportedly unremarkable. The applicant was using Lyrica, Neurontin, and Naprosyn, it was incidentally noted. The applicant had residual hyposensorium in the region about the left leg, it was acknowledged. Electrodiagnostic testing was endorsed to further evaluate the applicant's left lower extremity weakness and hyposensorium. The attending provider contended that the applicant had had earlier postoperative lumbar MRI testing which was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV to the Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** No, the request for EMG-NCV testing of the 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. Here, the applicant apparently has a clinically evident, electrodiagnostically-confirmed lumbar radiculopathy. Electrodiagnostic testing of April 21, 2014 was notable for an L5-S1 lumbar radiculopathy, which does seemingly account for the applicant's ongoing issues with lower extremity dysesthesias and/or weakness in that limb. The applicant's prior positive electrodiagnostic test results, thus, effectively obviated the need for repeat electrodiagnostic testing. It was not clearly stated why and/or for what purpose repeat electrodiagnostic testing was proposed here. Therefore, the request was not medically necessary.

**Follow-up in 4 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Conversely, the request for a follow-up visit in four weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant is off of work. The applicant has a variety of pain management and disability management issues. Obtaining a follow-up visit, thus, is indicated, on several levels. Therefore, the request is medically necessary.