

Case Number:	CM15-0048438		
Date Assigned:	03/20/2015	Date of Injury:	11/26/2012
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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 37-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 26, 2012. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. A February 5, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the lower extremities dated November 26, 2014, was interpreted as consistent with a chronic right L4 radiculopathy with normal nerve conduction testing appreciated. In a March 5, 2015 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed fusion surgery. The applicant had various residuals, including sexual dysfunction. The attending provider stated that he was seeking electrodiagnostic testing on the grounds that said electrodiagnostic testing had been recommended by a medical-legal evaluator. The applicant was still smoking. The applicant was using Norco and Neurontin for pain relief. The attending provider reiterated request for urology and electrodiagnostic testing. The applicant's prescriptions were renewed. The applicant was placed 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:

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), electrodiagnostic testing, EMG; Nerve conduction studies (NCS).

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

Decision rationale: No, the request for electrodiagnostic testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is not recommended in applicants, who carry a diagnosis of clinically obvious radiculopathy, as was present here. Here, the applicant already had a clinically-evident, electrodiagnostically-confirmed lumbar radiculopathy status post earlier failed fusion surgery. Earlier electrodiagnostic testing of November 2014 did corroborate the continued radiculopathy pain complaints. The attending provider did not, furthermore, furnish a clear or compelling applicant-specific rationale so as to support repeat electrodiagnostic testing here. It appeared, rather, that the attending provider was seemingly seeking and/or performing electrodiagnostic testing at the request of the applicant's medical-legal evaluator. Therefore, the request was not medically necessary.