

Case Number:	CM15-0071482		
Date Assigned:	04/21/2015	Date of Injury:	01/21/2013
Decision Date:	05/21/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/15/2015

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, hip, and neck pain reportedly associated with an industrial injury of January 21, 2013. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced a RFA form received on March 4, 2015 in its determination. A progress note dated February 20, 2015 was also cited. The applicant's attorney subsequently appealed. On September 10, 2014, the applicant was placed off of work, on total temporary disability. Lumbar MRI imaging and a spine surgery consultation were reported. The applicant reported ongoing complaints of low back pain radiating into the right leg. Lumbar MRI imaging of September 20, 2014 was notable for a broad-based disk protrusion at L5-S1 with associated annular tearing and indentation upon the ventral epidural fat. On November 12, 2014, the applicant's primary operating diagnosis was given as right-sided lumbar radiculopathy. A spine surgery consultation was sought. On November 19, 2014, the applicant's spine surgeon suggested that the applicant undergo an SI joint injection. The attending provider stated that he interpreted the applicant's lumbar MRI as essentially normal. The spine surgeon stated that he believed the applicant's pain complaints were emanating from the sacroiliac joint. In a January 12, 2015 progress note, the applicant was described as having ongoing issues with right-sided lumbar radiculopathy. The applicant was described as having earlier electrodiagnostic testing, the results of which were unknown. The attending provider stated that he believed the applicant might have occult disk herniations at L4-L5 and L5-S1. Repeat x-rays, repeat MRI imaging, and possible EMG testing were

suggested. On February 20, 2015, the attending provider noted that the applicant had ongoing complaints of low back pain radiating into the right lower extremity, resulting in difficulty weight bearing. Weakness about the right great toe and hyposensorium about the right leg were reported. The applicant was asked to obtain electrodiagnostic testing of the bilateral lower extremities, despite the fact that the applicant's symptoms were seemingly confined to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV 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), Online Edition Chapter: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 308; 272.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction, as was present here, this recommendation is, however, qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of EMG or NCV testing in the evaluation or screening of applicants without symptoms is "not recommended." Here, the applicant's radicular versus pseudoradicular symptoms, per the February 20, 2015 progress note on which the article in question was proposed, were confined to the symptomatic right lower extremity. It was not clearly stated or clearly established why electrodiagnostic testing of the bilateral lower extremities to include the seemingly asymptomatic left lower extremity was proposed here. Therefore, the request is not medically necessary.