MAXIMUS Federal Services

Case Number:	CM14-0100439		
Date Assigned:	09/16/2014	Date of Injury:	11/09/2011
Decision Date:	10/28/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 9, 2011. In a Utilization Review report dated May 23, 2014, the claims administrator failed to approve a request for a repeat nerve conduction study. The claims administrator partially approved a request for electrodiagnostic testing as a request for EMG testing alone. An April 4, 2014 order form was referenced in the determination. The electrodiagnostic testing in question was performed on July 22, 2014, despite the partial approval. Said electrodiagnostic testing was notable for a chronic left L3 radiculopathy without evidence of a superimposed peripheral neuropathy. A December 8, 2014 progress note was notable for commentary to the effect that the claimant had no significant past medical history. Lumbar radiculopathy and chronic low back pain were the stated diagnoses. The claimant was described as an occasional drinker. On April 4, 2014, it was stated that the claimant had had prior imaging studies which already established a diagnosis of left L2-L3 disk herniation resulting in left L3 radiculopathy. The claimant reported persistent complaints of weakness about the left thigh associated with the same, was reported. Repeat electrodiagnostic testing was seemingly sought on the grounds that the treating provider believed this would provide useful information as to the claimant's prognosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCS (nerve conduction study): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment/Disability Duration Guidelines-Low Back-Lumbar & Thoracic (Acute & Chronic) EMGs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for repeat electrodiagnostic testing was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the usage of EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically evident radiculopathy. Here, the attending provider's April 4, 2014 progress note suggested that the applicant already had a well-established, radiographically-confirmed diagnosis of L3 radiculopathy, effectively obviating the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) are deemed "not recommended" without compelling clinical evidence of tarsal tunnel syndrome or another entrapment neuropathy. Here, there is no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or entrapment neuropathy for which the NCS component of the request would have been indicated. There was no mention of the applicant's carrying a superimposed disease process 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 is not medically necessary.