MAXIMUS Federal Services

Case Number:	CM13-0002692		
Date Assigned:	11/08/2013	Date of Injury:	06/20/2000
Decision Date:	01/08/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 June 20, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery; attorney representation; orthotics; subsequent diagnosis of fibromyalgia; and extensive periods of time off of work. In a utilization review report of July 2, 2013, the claims administrator denied a request for electrodiagnostic testing of bilateral lower extremities. A May 24, 2013 progress note is noted. In that note, the applicant reports 7-8/10 low back pain radiating to the bilateral legs. The applicant is on Lyrica, Prilosec, and Topamax. The applicant exhibits diminished strength about the bilateral lower extremity ranging from 3+ to 5-/5. The applicant is using a cane to ambulate. Diminished sensorium is noted in the left L5-S1 dermatomes. Positive straight leg raise is appreciated. Electrodiagnostic testing and massage therapy are sought. The actual electrodiagnostic testing of June 18, 2013 was notable for bilateral S1 radiculopathy and a left L4-L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

Decision rationale: The MTUS does not address the topic of nerve conduction testing for the bilateral lower extremities. As noted in the updated ACOEM Guidelines, nerve conduction testing is usually normal in radiculopathy. Nerve conduction testing can be employed to rule out other cause of lower limb symptoms, such as peripheral neuropathy, peroneal compression neuropathy, etc., which can mimic sciatica. In this case, however, there was no clearly voiced suspicion of a peripheral neuropathy or peroneal neuropathy present here. There is no evidence that the applicant carried a diagnosis of diabetes or hypertension which would make a neuropathy of lower extremities more likely. The only suspected diagnosis here was that of lumbar radiculopathy. Therefore, the proposed nerve conduction testing of bilateral lower extremities remained non-certified, on independent medical review.

EMG bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, EMG testing may be useful to identify subtle, focal neurologic dysfunction in those applicants with persistent low back symptoms which last greater than three to four weeks. In this case, the applicant did have ongoing neurologic symptoms and associate neurologic signs about the bilateral lower extremities, including numbness, tingling, paresthesias, lower extremity weakness, deranged sensorium, etc., which did call neurologic dysfunction into question. The electrodiagnostic testing later performed was notable for multilevel radiculopathy. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.