

Case Number:	CM13-0007418		
Date Assigned:	12/11/2013	Date of Injury:	02/11/2013
Decision Date:	03/10/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/06/2013

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.

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 associated with an industrial injury sustained on February 11, 2013. Thus far, the applicant has been treated with analgesic medications, eight sessions of physical therapy, transfer of care to and from various providers in various specialties, oral steroids, a TENS unit, a lumbar support, a cane, and extensive periods of time off of work. The applicant's case and care have been complicated by knee arthritis, hypertension, obesity, and diabetes. In a July 26, 2013 progress note, the applicant is described as doing much better. The applicant is described as severely obese, standing 5 feet 6 inches tall, weighing 290 pounds. He has mechanical pain associated with knee arthritis. One of the stated diagnoses is bilateral lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Overturned

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.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, EMG testing is recommended to clarify a diagnosis of suspected nerve root dysfunction. In this case, the applicant has ongoing lower extremity radicular complaints. Obtaining EMG testing to clarify

the source of the applicant's symptoms is indicated and appropriate. Therefore, the request is certified.

NCV of the bilateral lower extremities: Overturned

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.

Decision rationale: As noted in the updated ACOEM Guidelines, NCS testing can be employed to rule out other causes of lower limb symptoms, such as generalized peripheral neuropathy, peroneal compression neuropathy, fibular neuropathy, etc. which can mimic sciatica. In this case, the applicant has known systemic diagnoses of diabetes and hypertension. Obtaining NCS testing to clarify the diagnosis is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified.