

Case Number:	CM13-0007645		
Date Assigned:	12/18/2013	Date of Injury:	02/27/2012
Decision Date:	03/04/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/07/2013

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 February 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar fusion surgery at L4-L5 in January 2013, transfer of care to and from various providers in various specialties; extensive periods of time off of work, on total temporary disability; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapies. In a Utilization Review Report of July 19, 2013, the claims administrator apparently modified a request for urgent EMG and NCS testing of bilateral lower extremities to EMG testing of the left lower extremity alone. The applicant's attorney subsequently appealed. In a progress note of August 15, 2013, the applicant reports heightened low back pain with numbness on the left leg. The applicant reports 6/10 pain. A 6 cm surgical scar is noted. The applicant is having difficulty raising her toes and heels on the left. There is weakness on manual muscle testing. Electrodiagnostic testing of lower extremities are sought to rule out a radiculopathy. The applicant remains off of work, on total temporary disability. A September 26, 2013 note is again notable for comments that the applicant has persistent weakness, numbness, and radiating pain about the left lower extremity. An earlier note of May 23, 2013 is notable for comments that the applicant experiences weakness, numbness, tingling about the bilateral legs. The applicant has a history of hypertension, it is further noted. Positive straight leg raise is noted about the bilateral lower extremities with hypoesthesias noted about the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Nerve Conduction Velocity (NCV) Left Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 of the lower extremities. As noted in the updated ACOEM Guidelines, nerve conduction testing can help rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal neuropathy, fibular neuropathy, etc., which could mimic sciatica. In this case, the applicant does have a systemic disease process (hypertension) which could result in a generalized peripheral neuropathy. Therefore, the request is certified, though it is incidentally noted that this is by no means an urgent request.

URGENT Nerve Conduction Velocity (NCV) Right Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: As noted in the updated ACOEM Guidelines, nerve conduction testing can help rule out other causes of lower limb symptoms which could mimic sciatica such as a generalized peripheral neuropathy. In this case, the applicant has weakness about the bilateral legs, positive straight leg raising, and diminished sensorium about the left lower extremity. The applicant has a systemic disease (hypertension) which could heighten the applicant's predisposition toward development of generalized lower extremity neuropathy. Therefore, the proposed NCS testing is certified, on Independent Medical Review.

URGENT Electromyography (EMG) Right Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 can help identify subtle, focal neurologic dysfunction in those individuals with low back symptoms which last greater than three to four week. In this case, the applicant has low back pain radiating to the bilateral legs, left greater than right. He has signs and symptoms suggestive

of lumbar radiculopathy about both legs, again left greater than right. EMG testing to definitively establish the diagnosis of residual radiculopathy status post prior fusion surgery is indicated and appropriate. Therefore, the request is certified.