

Case Number:	CM13-0017815		
Date Assigned:	10/11/2013	Date of Injury:	02/19/2011
Decision Date:	08/08/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert 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 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/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 19, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, unspecified amounts of physical therapy, earlier lumbar MRI imaging of 2012, topical compounds, unspecified amounts of acupuncture; and extensive periods of time off of work. The applicant's case and care were initially complicated by pregnancy. In a Utilization Review Report dated July 24, 2013, the claims administrator partially certified a request for EMG-NCS testing of the bilateral lower extremities to EMG testing of the left lower extremity alone. The applicant's attorney subsequently appealed. In a July 17, 2013 progress note, the applicant apparently presented with low back pain radiating to the left leg, reportedly severe. The applicant was not working, it was stated. The applicant denied any history of diabetes, heart disease, or arthritis, it was acknowledged. Positive straight leg raising was noted about the left with painful range of motion noted. Normal intact sensorium with hypoactive left ankle reflex was noted. Topical compounds, electrodiagnostic testing of the bilateral lower extremities, and acupuncture were sought. A functional capacity evaluation was also sought. The applicant's work status was not clearly stated, although it was suggested that the applicant was not working. Throughout the file, there were allusions made to earlier lumbar MRI imaging of 2012, the results of which, however, were not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Diagnostic Testing section.

Decision rationale: The California MTUS does not address the topic of NCV testing for a primary low back pain issue. As noted in the Third Edition ACOEM Guidelines, nerve conduction studies are recommended when there is a peripheral entrapment neuropathy or peripheral systemic neuropathy that has not responded to treatment or is of uncertain cause. In this case, however, the applicant is 37 years old, making a neuropathy of old age unlikely. The applicant specifically denied any history of diabetes, hypertension, or hypothyroidism which would make a lower extremity peripheral neuropathy more likely. No compelling case has been made for nerve conduction testing in the face of the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary. It is further noted that the applicant's lower extremity complaints appear to be confined to the left lower extremity. The applicant appears to be asymptomatic insofar as the right lower extremity is concerned, further arguing against the need for nerve conduction testing of the same. Therefore, the request for nerve conduction testing of the right lower extremity is not medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Diagnostic Testing section.

Decision rationale: The California MTUS does not address the topic of nerve conduction testing of the lower extremities for primary low back pain issue. While the Third Edition ACOEM Guidelines do recommend nerve conduction testing for diagnosing a peripheral entrapment neuropathy or a peripheral systemic neuropathy, in this case, however, there is no clearly voiced suspicion of either issue being present here. The attending provider stated that radiculopathy is the primary suspected concern. The applicant, moreover, is a younger applicant (37 years of age) and does not have any systemic conditions such as diabetes, hypothyroidism, hypertension, etc., any of which would make a peripheral neuropathy more likely. No compelling case has been made for nerve conduction testing in the face of the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: While the California MTUS Guideline in ACOEM Chapter 12, Table 12-8, Page 309 does recommend EMG testing to clarify diagnosis of suspected nerve root dysfunction, in this case, however, the applicant's symptoms appear to be confined to the symptomatic left lower extremity. The applicant is described as having lumbar radicular complaints pertaining to the left lower extremity. The applicant had positive straight leg raising on the left. The applicant reported low back pain radiating into the left leg. There was no mention of any active symptoms pertaining to the right lower extremity. Therefore, the request is not medically necessary.