

Case Number:	CM13-0024530		
Date Assigned:	11/20/2013	Date of Injury:	08/23/2012
Decision Date:	01/10/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 August 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; functional capacity testing; 24 sessions of chiropractic manipulative therapy; 24 sessions of physical therapy; and extensive periods of time off work. In a utilization review report of August 12, 2013, the claims administrator denied electrodiagnostic testing of bilateral lower extremities on the grounds that the attending providers did not clearly discuss the applicant's lumbar MRI results prior to proposing the electrodiagnostic testing. The utilization report referred to a report of attending provider dated June 10, 2013 and July 25, 2013. Later notes of August 9, 2013 are notable for comments that the applicant had persistent low back pain radiating into the bilateral lower extremities. The applicant reports associated numbness, tingling, or weakness. MRI imaging is apparently notable for a low-grade L5-S1 disk bulge and electrodiagnostic testing apparently revealed a bilateral S1 radiculopathy. Electrodiagnostic testing report of June 19, 2013 was reviewed and notable for bilateral L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV: 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 Page(s): 303.

Decision rationale: The MTUS-adopted ACOEM Guidelines in chapter 12 states, EMG testing may be useful to identify subtle, focal neurologic dysfunction in those individuals with persistent low back complaints which last greater than three to four weeks. In this case, the employee did in fact have subtle, focal neurologic dysfunction evident throughout the course of the claim. Earlier lumbar MRI imaging was largely equivocal/negative and revealed only a low-grade disk protrusion with annular tear at L5-S1 of uncertain clinical significance. Obtaining electrodiagnostic testing clarifying diagnosis, was indicated and appropriate. It is incidentally noted there is stronger support for the EMG component of the request in the MTUS/ACOEM guidelines. The updated MTUS/ACOEM Guidelines, chapter 12, do note that nerve conduction testing can rule out other cause of the lower limb symptoms which mimic sciatica such as a peripheral neuropathy or peroneal compression neuropathy. The request for EMG/NCV bilateral lower extremities is medically necessary and appropriate.