MAXIMUS Federal Services

Case Number:	CM13-0025146		
Date Assigned:	11/20/2013	Date of Injury:	04/20/2013
Decision Date:	01/14/2014	UR Denial Date:	08/27/2013
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 Preventative Medicine and 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 April 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy and acupuncture; attorney representation; an MRI of the lumbar spine without contrast of May 29, 2013, notable for a combination of degenerative disease, facet arthropathy, and multilevel neural foraminal narrowing; and extensive periods of time off of work. In a Utilization Review Report of August 27, 2013, the claims administrator denied a request for electrodiagnostic testing of the lower extremities, manipulative therapy, and a lumbar support. The applicant later appealed, on September 6, 2013. An earlier note of August 8, 2013, is difficult to follow, not entirely legible, employs a combination of preprinted checkboxes and typewritten guidelines, is notable for comments that the applicant reports persistent low back pain radiating to the right lower extremity. The applicant is apparently on Ultracet for pain relief. The applicant is reportedly improving slower than expected. The note is not entirely legible. The applicant apparently exhibits an antalgic and stiff gait favoring the right lower extremity. The applicant is asked to continue Ultracet, Prilosec, and topical compounds while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the 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): 308-309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12 Table 12-8, EMG testing can be employed to clarify a diagnosis of nerve root dysfunction, if suspected. In this case, there is some evidence that the applicant has neurologic dysfunction pertaining to the right lower extremity. While the information on file could have supported EMG testing of the affected right lower extremity, in this case, the handwritten, sparse, and largely illegible progress notes do not make a case for EMG testing of the bilateral lower extremities. Again, while unilateral EMG testing of the right lower extremity could have been supported here, EMG testing of the bilateral lower extremities cannot as the applicant's symptoms are seemingly confined to the right lower extremity alone. Therefore, the request is not certified.

NCV bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 3rd edition, Low Back Disorders, Electromyography..

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM guidelines, nerve conduction testing is usually normal in suspected radiculopathy. While nerve conduction testing can rule out other causes of lower limb symptoms such as generalized peripheral neuropathy or peroneal compression neuropathy which could mimic sciatica, in this case, however, there is no clearly voiced suspicion of generalized neuropathy for which NCS testing will be indicated. As with the EMG portion of the request, there is no evidence that the left lower extremity has been implicated here. All the applicant's symptoms seemingly pertain to the right lower extremity. For all of these reasons, then, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.