

Case Number:	CM13-0046768		
Date Assigned:	03/12/2014	Date of Injury:	07/07/2009
Decision Date:	05/08/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a cane; a knee corticosteroid injection; and extensive periods of time off of work. In a utilization review report of October 24, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, noting that the applicant's claim had only been accepted for the knees and wrist. The claims administrator denied the request on the ground that the applicant had "not yet had an MRI." The claims administrator denied the electrodiagnostic testing on the grounds that MRI imaging was the first step and that it had not been performed here. The applicant's attorney subsequently appealed. A September 23, 2013 progress note is notable for comments that applicant reports persistent low back pain radiating to the right lower extremity with numbness and tingling. Pain was noted about the sole of the bilateral feet with numbness about the right foot. Work restrictions, tramadol, Naprosyn, and Prilosec were endorsed. On October 21, 2013, the applicant was described as having persistent low back pain radiating to the right leg. Numbness was noted about the right foot and pain about the soles of the bilateral feet. Positive straight leg raising was noted on the left with sensory deficits about the right lower extremity in the L5 distribution. The applicant did exhibit an altered gait requiring usage of a cane. Electrodiagnostic testing of the bilateral lower extremities was sought. The applicant was given prescriptions for Pamelor, Naprosyn, Prilosec, and tramadol. Work restrictions were likewise issued, although it was suggested that the applicant's employer was unable to accommodate the limitations in question. An earlier note of March 7, 2013 is notable for comments that the applicant was diabetic and a

smoker. The applicant was using a variety of medications for diabetes, including insulin, glipizide, and metformin.

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 Page(s): 309. Decision based on Non-MTUS Citation ODG-TWC , SURFACE ELECTROMYOGRAPHY AND CARPAL TUNNEL SYNDROM CHAPTER

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, EMG (Electromyography) testing is "recommended" to clarify diagnoses of nerve root dysfunction, as is present here. In this case, the applicant has ongoing complaints of low back pain radiating to the bilateral lower extremities with corresponding signs of weakness and numbness appreciated on exam. These issues have been present for some time. EMG (Electromyography) testing to clearly delineate the source of the applicant's complaints is indicated, appropriate, and supported by ACOEM. Contrary to what was suggested by the claims administrator, ACOEM does not specifically state that MRI imaging is preferred as a first line over EMG (Electromyography) testing or vice versa. Therefore, the original utilization review decision is overturned and the proposed EMG (Electromyography) of the bilateral lower extremities is medically necessary and appropriate.

NCV OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC , SURFACE ELECTROMYOGRAPHY AND CARPAL TUNNEL SYNDROME CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic of nerve conduction testing. As noted in the third edition ACOEM Guidelines nerve conduction studies can help to rule out other causes of lower limb symptoms such as a generalized peripheral neuropathy which can mimic sciatica. In this case, the applicant is an insulin-dependant diabetic. She does have complaints of low back pain radiating to the legs with dysesthesias appreciated about the same. There may be some element of generalized diabetic peripheral neuropathy present here. Nerve conduction testing to further evaluate the same is indicated. Therefore, the original utilization review decision is overturned. The request of NCV (Nerve Conduction Velocity) of the bilateral lower extremities is likewise certified, on independent medical review.

