

Case Number:	CM13-0049605		
Date Assigned:	12/27/2013	Date of Injury:	11/24/2010
Decision Date:	02/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 November 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various provider in various specialties; MRI imaging of the lumbar spine of March 8, 2012, notable for an L4-L5 paracentral disk protrusion of 2.7 mm; at least one prior epidural steroid injection on August 27, 2012; psychological counseling; lumbar spine surgery with a one level discectomy and fusion at L4-L5 on April 12, 2013; and extensive periods of time off of work. The applicant has derivative mental health issues associated with his chronic pain issues. In a utilization review report of October 29, 2013, the claims administrator reportedly denied a request for electrodiagnostic testing of the bilateral lower extremities while certifying an MRI with contrast for the lumbar spine. The applicant's attorney later appealed. Multiple progress notes of July 2, 2013, September 5, 2013, and October 3, 2013 allude to the applicant remaining off work, on total temporary disability. Medications are renewed. MRI imaging of the cervical and thoracic spines is endorsed. X-rays suggest that the lumbar fusion is incorporating.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyogram (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

Decision rationale: As noted on MTUS-adopted ACOEM Guidelines MRI imaging is recommended as a test of choice for those individuals with prior spine surgery. In this case, the claims administrator did certify a lumbar MRI with contrast on its utilization review decision. If positive, this would effectively obviate the need for EMG imaging. The ACOEM further notes that EMG testing is not recommended for a clinically obvious radiculopathy. In this case, the applicant seemingly has ongoing radicular complaints following prior lumbar fusion surgery. An MRI has been approved, eliminating the need for EMG testing, as suggested by the ACOEM. Accordingly, the request remains non-certified.

nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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 studies are usually normal on radiculopathy. Nerve conduction testing can rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, fibular neuropathy, etc., which could theoretically mimic sciatica. In this case, however, there is no documentation of any of the aforementioned diagnoses or disease processes. The applicant does not appear to have a systemic disease such as diabetes or hypertension, which could result in a heightened predisposition towards some sort of lower extremity peripheral neuropathy. Therefore, the request is not certified.