

Case Number:	CM13-0058304		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2012
Decision Date:	05/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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 November 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 4, 2013, the claims administrator denied request for electrodiagnostic testing of the lower extremities, citing non-MTUS(Medical Treatment Utilization Schedule) ODG(Official Disability Guidelines) Guidelines, although the MTUS does address the topic. The applicant's attorney subsequently appealed. An October 17, 2013 progress note is notable for comments that the applicant reports persistent mid and low back pain, 7-9/10, radiating to the left leg. The applicant reports associated weakness about the left leg. The applicant is currently off of work, on total temporary disability. He is a former truck driver. He is on Motrin, Neurontin, Vicodin, and Janumet. He apparently has ongoing issues with diabetes. Positive straight leg raising on the left is appreciated with altered sensorium about the left leg. A later note of November 26, 2013 reiterates that the applicant is diabetic. Acupuncture and electrodiagnostic testing are again endorsed. It is again stated that the applicant has persistent low back pain radiating to the left leg. There is no mention of any symptoms associated with the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN EMG (ELECTROMYOGRAPHY) OF LEFT LOWER EXTREMIT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Workers' Compensation, Chapter; Low Back - Lumbar & Thoracic and the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), Electrodiagnostic studies (EDS), Minimum standards.

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 testing to establish a diagnosis of nerve root dysfunction is "recommended." In this case, no clear etiology for the applicant's lower extremity symptom has been postulated. It is suggested that the applicant may have lumbar radiculopathy versus diabetic peripheral neuropathy. EMG (Electromyography) of left lower extremity testing to help delineate the extent of the neural injury is therefore medically indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request for an EMG (Electromyography) of left lower extremity is medically necessary and appropriate.

NCS (NERVE CONDUCTION STUDIES) OF LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Workers' Compensation, Chapter; Low Back - Lumbar & Thoracic and the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), Electrodiagnostic studies (EDS), Minimum standards.

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 Chapter, Diagnostic and Treatment Considerations, Electromyography

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do endorse nerve conduction testing to help differentiate between a lumbar radiculopathy and other diagnoses which may mimic sciatica, such as the diabetic peripheral neuropathy reportedly suspected here. The applicant is diabetic. The applicant is on Janumet. The applicant has absent sensorium about the left leg, seemingly suggestive of diabetic neuropathy. Nerve conduction testing to delineate the extent of the neural injury is indicated, appropriate, and "recommended" by ACOEM. Therefore, the original utilization review decision is overturned. The request for NCS (Nerve Conduction Studies) of left lower extremity is medically necessary and appropriate

EMG (ELECTROMYOGRAPHY) OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment

Workers' Compensation, Chapter; Low Back - Lumbar & Thoracic and the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), Electrodiagnostic studies (EDS), Minimum standards.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does note that EMG testing to clarify diagnosis of nerve root dysfunction is "recommended," in this case, all of the applicant's symptoms are seemingly localizable to the left lower extremity. There is no mention of any signs, symptoms, or neurologic deficits associated with the asymptomatic right lower extremity. The applicant does not appear to have any radicular signs or symptoms associated with the right lower extremity. Therefore, the request for EMG (Electromyography) of right lower extremity is not medically necessary and appropriate.

NCS (NERVE CONDUCTION STUDIES) OF RIGHT LOWER EXTREMITY:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Workers' Compensation, Chapter; Low Back - Lumbar & Thoracic and the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), Electrodiagnostic studies (EDS), Minimum standards.

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 Chapter, Diagnostic and Treatment Considerations, Electromyography.

Decision rationale: Again, the MTUS does not address the topic of nerve conduction testing for the diagnosis of generalized diabetic neuropathy reportedly suspected here. However, the Third Edition ACOEM Guidelines do recommend appropriate electrodiagnostic testing, including nerve conduction studies, to help identify suspected diagnosis of peripheral neuropathy or diabetic neuropathy, as is suspected here. In this case, while the applicant's symptoms do appear to be localizable to the left lower extremity, diabetic neuropathy symptoms are often associated with absent sensorium and/or hyposensorium. Thus, the applicant may in fact have electrodiagnostic evidence of right lower extremity peripheral neuropathy but may not necessarily be symptomatic in so far as that particular extremity is concerned. Since diabetic neuropathy is a generalized disease process which can affect both extremities, the request is certified on the grounds that there may be electrodiagnostic evidence of peripheral neuropathy which precedes development of clinical symptoms here. Therefore, the request for NCS (Nerve Conduction Studies) of right lower extremity is medically necessary and appropriate.