MAXIMUS Federal Services

Case Number:	CM13-0066042		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2009
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 reportedly associated with an industrial injury of April 12, 2009. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; interventional spine procedures, including lumbar facet blocks; muscle relaxant; long and short-acting opioids; one to two prior epidural steroid injections, including one in late 2013; and work restriction. In a Utilization Review Report of December 3, 2013, the claims administrator denied request for electrodiagnostic testing of the lower extremities, stating that the attending did not furnish a compelling rationale for the same. The applicant's attorney subsequently appealed. A handwritten progress note of November 13, 2013 is somewhat difficult to follow, has been blurred as a result of repetitive photocopying and faxing, is notable for comments that the applicant developed a flare of low back pain at work while transferring a patient in a wheelchair. The applicant reports heightened low back pain radiating to the right leg. Positive straight leg raise was appreciated. The applicant is status post two prior epidural steroid injections. Diminished sensorium is noted about the L5 distribution. The applicant is described as having a "new injury." Medrol Dosepak and work restrictions were endorsed. In an October 29, 2013 progress note, the applicant was described as in need of repeat epidural steroid injection. The applicant's medication list included Talwin and Zanaflex. The applicant was described as smoking half pack a day. The applicant had an MRI (magnetic resonance imaging) of lumbar spine of June 13, 2011 which showed multilevel disk bulges with associated multilevel neuroforaminal stenoses. The applicant was on lisinopril and hydrochlorothiazide for hypertension, it was incidentally noted. In an orthopedic consultation of November 19, 2013, the applicant was described as having persistent complaints of low back pain radiating to the leg.

She apparently was working prior to November 15, 2013 but is no longer doing so beyond November 15, 2013 owing to an acute flare of pain. The applicant was possessed of normal gait and well-preserved lower extremity strength. Electrodiagnostic studies and MRI imaging of lumbar spine were sought while the applicant was placed 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 RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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, needle electromyography (EMG) testing to clarify a suspected diagnosis of nerve root dysfunction is "recommended." In this case, the applicant does have ongoing complaints of low back pain radiating to the legs. Earlier, dated MRI (magnetic resonance imaging) in 2011 was notable for multilevel disk bulges and stenotic changes of uncertain clinical significance. Electrodiagnostic testing to further evaluate the same is indicated. Accordingly, the request is certified.

NCV LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305.

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

Decision rationale: Again, the MTUS does not address the topic. As noted in Third Edition ACOEM Guidelines on Electromyography, electrodiagnostic studies can be employed when an earlier CT (computed tomography) or MRI (magnetic resonance imaging) is equivocal and there are ongoing pain complaints which raised questions of whether or not there may be neurologic compromise which may be identifiable, such as radiculopathy, spinal stenosis, peripheral neuropathy, etc. As noted previously, the applicant does have a systemic disease, hypertension, which does predispose her toward development of lower extremity neuropathy. Nerve conduction velocity (NCV) testing to clearly delineate the same is indicated. Therefore, the request is certified, on Independent Medical Review.

NCV RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305.

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

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines on electromyography do support both electromyography (EMG) testing and nerve conduction velocity (NCV) testing to help corroborate or definitively establish the diagnosis of radiculopathy, particularly when earlier MRI (magnetic resonance imaging) studies were equivocal, as is the case here. While the ACOEM does acknowledge that nerve conduction studies are usually normal in radiculopathy, the ACOEM does note that nerve conduction testing can be employed to rule out other diagnosis which can mimic sciatica. In this case, the applicant does have a systemic disease, hypertension, which does predispose her toward development of a generalized lower extremity peripheral neuropathy which could mimic sciatica. Therefore, the request is certified, on Independent Medical Review.

EMG LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-305.

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, needle electromyography (EMG) testing to clarify a diagnosis of suspected nerve root dysfunction is "recommended." In this case, the applicant has some signs and symptoms of an active lumbar radiculopathy. She does have ongoing complaints of low back pain radiating to the legs. She does have old MRI (magnetic resonance imaging) studies in 2011 which apparently demonstrated low-grade disk bulges and multilevel spinal stenoses of uncertain clinical significance. Electrodiagnostic testing to help definitively establish the diagnosis of lumbar radiculopathy is indicated, appropriate, and supported by the ACOEM. Therefore, the request is certified, on Independent Medical Review.