

Case Number:	CM14-0001620		
Date Assigned:	01/22/2014	Date of Injury:	06/08/2013
Decision Date:	03/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 low back pain, reportedly associated with an industrial injury of June 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; topical diclofenac gel; and work restrictions. In a Utilization Review Report of December 24, 2013, the claims administrator denied a request for EMG-NCS testing of the bilateral lower extremities, citing non-MTUS AMA Guidelines and non-MTUS 2008 ACOEM Guidelines. The applicant subsequently appealed. The claims administrator stated that electrodiagnostic testing is no substitute for imaging studies. In a clinical progress note of January 9, 2014, the applicant presents with persistent low back pain, which radiates toward the buttocks and right thigh. The applicant has no evidence of lower extremity atrophy noted on exam. She does exhibit limited lumbar range of motion, palpable tender points, and altered sensorium about the bilateral legs, right greater than left. Positive straight leg raising is noted. Work restrictions, diclofenac gel, and new lumbar supports are endorsed along with lumbar MRI imaging. In an earlier note of November 7, 2013, the attending provider sought electrodiagnostic testing of the lumbar spine and bilateral lower extremities to evaluate for possible lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram bilateral lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (revised) page 62 and Anderson GB, Cocchiarella L. AMA Guides to the Evaluation of Permanent Impairment, 5th ed. Chicago, Ill: AMA Press; 2001, pages 382-383

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Chapter 12, Low Back Chapter, Electromyography section, page 309

Decision rationale: Contrary to what was suggested by the claims administrator, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does state that needle (EMG) Electromyography testing to clarify a diagnosis of suspected nerve root dysfunction is "recommended" in an applicant in whom there has been no improvement in symptoms after one month. In this case, the applicant has had persistent symptoms of low back pain radiating to the bilateral lower extremities for several months. Electrodiagnostic testing to help establish the diagnosis of nerve root dysfunction is indicated and appropriate, per the MTUS Guideline in ACOEM Chapter 12. Therefore, the original Utilization Review decision is overturned. The request is certified.

Nerve Conduction Velocity bilateral lower extremityis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson GB, Cocchiarella L., AMA Guides to the Evaluation of Permanent Impairment, 5th ed. Chicago, Ill: AMA Press; 2001, pages 382-383

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Third Edition, Low Back Chapter, Electromyography Section

Decision rationale: The MTUS does not address the topic of nerve conduction testing insofar as the lumbar spine is concerned. As noted in the Third Edition ACOEM Guidelines, nerve conduction studies are usually normal in radiculopathy and can be employed to rule out other causes of lower limb symptoms, such as generalized peripheral neuropathy, peroneal compression neuropathy, etc., which can mimic sciatica. In this case, however, the attending provider wrote on a September 19, 2013 progress note that the applicant had no significant past medical history. Thus, there is no clearly voiced suspicion of a systemic disease process such as diabetes or hypertension which would predispose the applicant toward development of lower extremity neuropathy which could mimic sciatica. Therefore, the nerve conduction velocity study of the bilateral lower extremities is not certified, on Independent Medical Review.