

Case Number:	CM14-0003330		
Date Assigned:	06/20/2014	Date of Injury:	04/14/2013
Decision Date:	08/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in 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 neck and low back pain with associated headaches reportedly associated with an industrial injury of April 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of chiropractic manipulative therapy, and unspecified amounts of physical therapy. In a utilization review report dated December 3, 2013, the claims administrator denied a request for electro diagnostic testing of bilateral lower extremities. The claims administrator stated that the attending provider had failed to document any evidence of nerve dysfunction, myelopathy, tumor, or infection. The claims did not incorporate cited ACOEM Guidelines into its recommendation, it is incidentally noted. The applicant's attorney subsequently appealed. A July 31, 2013 progress note is notable for comments that the applicant reported persistent complaints of low back pain. The applicant did have a diagnosis of comorbid diabetes, it was noted. Tenderness about the paraspinal musculature was noted with seemingly intact motor and sensory function about the lower extremities. Home exercise and physical therapy were sought. On August 16, 2014, it was stated that the applicant was working with restrictions as a truck loader. The applicant was diabetic, it was reiterated. Acupuncture, plain films, and MRI of the lumbar spine were sought. Lumbar MRI of August 30, 2013 was notable for a 7.5-mm disk protrusion at L3-L4 and a 5.3-mm disk protrusion at L5-S1. There was no explicit mention of nerve root compression, however. On November 18, 2013, the applicant presented with persistent complaints of low back pain down the legs. It was stated that the applicant was a candidate for epidural steroid injection therapy. Positive straight leg raising was noted with diffuse lumbar tenderness noted. Electro diagnostic testing of the lower extremities was sought, along with a back support. The applicant's work status was not provided. The attending provider stated that

he wanted to pursue epidural injections and was seemingly seeking electro diagnostic testing to establish the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF THE LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diagnostic Testing section.

Decision rationale: The MTUS does not address the topic of nerve conduction testing for primary low back pain issue. As noted in the third edition ACOEM Guidelines; nerve conduction testing is recommended when there is suspicion of peripheral neuropathy of uncertain cause. In this case, the applicant is a diabetic. The applicant is, thus, predisposed toward development of a generalized peripheral neuropathy of the lower extremities which could mimic or masquerade sciatica. Given the fact that the applicant is apparently considering pursuit of lumbar epidural steroid injections for possible lumbar radiculopathy, excluding other possible diagnoses, such as a diabetic neuropathy, is indicated. Therefore, the request is medically necessary.

NCV OF THE RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diagnostic Testing section.

Decision rationale: The MTUS does not address the topic of nerve conduction testing for primary low back pain issue. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, nerve conduction studies are recommended when there is some suspicion of a peripheral systemic neuropathy of uncertain cause. In this case, the applicant is diabetic. The applicant is predisposed toward development of generalized lower extremity peripheral neuropathy. Obtaining electro diagnostic testing, including the nerve conduction testing at issue here, to help differentiate between the two possible considerations is indicated. Therefore, the request is medically necessary.

EMG OF THE RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is recommended to clarify diagnosis of suspected nerve root dysfunction. In this case, the applicant has persistent complaints of low back pain radiating to the legs. The applicant's lumbar MRI failed to uncover a clear source for radicular symptoms. Electro diagnostic testing, including the EMG at issue here, to help differentiate between possible lumbar radiculopathy versus possible diabetic peripheral neuropathy is indicated. Therefore, the request is medically necessary.

EMG OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is recommended to help establish a diagnosis of suspected nerve root dysfunction. In this case, the applicant has had an earlier lumbar MRI, equivocal. There remains some suspicion of lumbar radiculopathy versus possible lower extremity peripheral neuropathy. Obtaining appropriate electro diagnostic testing, including the EMG at issue here, to help differentiate between the two possibilities is indicated. Therefore, the request is medically necessary.