

Case Number:	CM14-0007841		
Date Assigned:	02/07/2014	Date of Injury:	06/17/2013
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 an [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of June 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated December 17, 2013, the claims administrator apparently partially certified a request for EMG/NCS testing of the lumbar spine as EMG testing of the lumbar spine/lower extremity alone while denying the nerve conduction testing portion of the request. A clinical progress note dated January 16, 2014 was notable for comments that the applicant had earlier lumbar MRI imaging with multilevel disk protrusions of uncertain clinical significance. Electrodiagnostic testing apparently uncovered a chronic right L5 radiculopathy. The applicant was given a rather proscriptive 10-pound lifting limitation and asked to follow up in four weeks. In an earlier note of December 10, 2013, the applicant was described as apparently not working as a janitor. The applicant reportedly had uncontrolled diabetes which she had not treated in over three years.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCS) LUMBAR SPINE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM), 12,

Decision rationale: The MTUS Guideline in ACOEM Chapter 12 does not address the topic of electromyography for primary issues related to lumbar spine. As noted in the Third Edition ACOEM Guidelines, nerve conduction testing is usually normal in radiculopathy but can be used to rule out other causes of lower limb symptoms which could mimic sciatica, such as a generalized peripheral neuropathy. In this case, the applicant has an uncontrolled systemic disease process, diabetes. A generalized systemic lower extremity peripheral neuropathy is a potential source of the applicant's complaints. Therefore, the request is medically necessary.

ELECTROMYOGRAPHY (EMG) LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, LOW BACK COMPLAINTS, 308-310

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM), 2ND EDITION, (2004), 12, 309

Decision rationale: The EMG testing in question was apparently performed and did apparently demonstrate chronic L5 radiculopathy, it is incidentally noted. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is recommended to help establish diagnosis of nerve root dysfunction. In this case, the applicant did apparently have earlier equivocal lumbar MRI imaging which failed to reveal a clear source for the applicant's complaints. Multilevel disk protrusions of uncertain clinical significance were noted. The attending provider apparently performed the EMG testing in question to help establish the precise source and level that the applicant's radicular complaints were originating from. Therefore, the request is medically necessary.