

Case Number:	CM14-0015693		
Date Assigned:	02/28/2014	Date of Injury:	05/06/2013
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 has filed a claim for chronic low back pain and chronic neck pain reportedly associated with an industrial injury of May 6, 2013. 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; unspecified amounts of acupuncture and chiropractic manipulative therapy; and work restrictions. It does not appear that the applicant is working with a rather proscriptive 10-pound lifting limitation in place. In a Utilization Review Report dated January 27, 2014, the claims administrator apparently partially certified or approved EMG testing of the bilateral lower extremities while denying nerve conduction testing of the same, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. On January 7, 2014, the attending provider noted that the applicant had persistent complaints of low back pain. The applicant was described as having completed earlier chiropractic manipulative therapy and acupuncture. Additional amounts of manipulative treatment and acupuncture were sought, along with CT myelography of the lumbar spine and electrodiagnostic of the bilateral lower extremities. A 10-pound lifting limitation was endorsed. Multiple manipulative therapy sessions interspersed throughout 2013 were noted. The applicant's medical history was not seemingly provided on any of the manipulative therapy notes. In a medical progress note of September 17, 2013, the applicant was described as having a history of hypertension. The applicant was 65 years old, it was further noted. The applicant was on a variety of medications, including terazosin, Pradaxa, Lipitor, losartan, Singulair, finasteride, Coreg, and amiodarone, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (NERVE CONDUCTION VELOCITY) RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AOEM Practice Guidelines, Third Edition, Low Back Chapter, Electromyography section.

Decision rationale: The MTUS/ACOEM Guidelines states, nerve conduction testing is usually normal in radiculopathy. However, nerve conduction testing can help to rule out other diagnoses, such as generalized peripheral neuropathy or peroneal compression neuropathy which could potentially mimic sciatica. In this case, the applicant is 65 years old and carries a diagnosis of hypertension. Thus, the applicant's age and systemic diagnoses of hypertension and cardiomyopathy do make a peripheral neuropathy more likely here. Therefore, the request is medically necessary.

NCV (NERVE CONDUCTION VELOCITY) LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Electromyography section.

Decision rationale: The MTUS/ACOEM Guidelines do note that nerve conduction testing can be used to rule out other causes of lower limb symptoms which can mimic sciatica. In this case, the applicant is an older individual, aged 65, and carries several systemic diagnoses, including hypertension and cardiomyopathy, both of which increase the applicant's likelihood of in fact having a lower extremity peripheral neuropathy. Therefore, the request is medically necessary.