

Case Number:	CM14-0031483		
Date Assigned:	04/09/2014	Date of Injury:	01/29/2013
Decision Date:	05/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 reportedly associated with an industrial injury of January 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; 24 prior sessions of physical therapy, per the applicant; and extensive periods of time off of work. Her case and care have been complicated by comorbid diabetes and hypertension. A June 5, 2013 progress note, however, is notable for comments that the applicant was not working. The applicant did have a history of diabetes and high blood pressure, contrary to what was suggested by the claims administrator. The applicant had diminished sensorium about the right S1 dermatome, painful range of motion, and intact reflexes. A 50-pound lifting limitation, MRI imaging, functional capacity testing, and diagnostic testing were seemingly endorsed while the applicant remained off of work. On January 3, 2014, the attending provider sought authorization for electrodiagnostic testing of the lower extremities to rule out radiculopathy versus neuropathy. The applicant was again described as having persistent low back pain at this point in time radiating to legs. The applicant had positive straight leg raise on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, EMG testing is recommended to clarify diagnosis of suspected nerve root dysfunction. In this case, there is a suspicion of lumbar radiculopathy versus peripheral neuropathy/generalized peripheral neuropathy secondary to the applicant's diabetes and hypertension. EMG testing to help definitively establish the diagnosis of radiculopathy is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is medically necessary.

NCV RIGHT LOWER EXTREMITY: Overturned

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

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

Decision rationale: The MTUS does not address the topic of nerve conduction testing for the issues seemingly present and/or alleged here. As noted in the Third Edition ACOEM Guidelines, Low Back Chapter, nerve conduction studies can help to rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, etc., which can mimic sciatica. Electrodiagnostic studies, per ACOEM, are recommended when there are ongoing pain complaints which raise questions about whether there may be a neurologic compromise that may be identifiable. In this case, the applicant is diabetic and hypertensive and is therefore somewhat predisposed toward development of a lower extremity neuropathy. Obtaining electrodiagnostic testing to clearly delineate the extent of the same is indicated. Therefore, the request is medically necessary.

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

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

Decision rationale: The MTUS does not address the topic of nerve conduction testing for the issues seemingly present and/or alleged here. As noted in the Third Edition ACOEM Guidelines, Low Back Chapter, nerve conduction studies can help to rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, etc., which can mimic sciatica. Electrodiagnostic studies, per ACOEM, are recommended when there are ongoing pain complaints which raise questions about whether there may be a neurologic compromise that may be identifiable. In this case, the applicant is diabetic and hypertensive and is therefore somewhat predisposed toward development of a lower extremity neuropathy. Obtaining electrodiagnostic testing to clearly delineate the extent of the same is indicated. Therefore, the request is medically necessary.

EMG RIGHT LOWER EXTREMITY: Overturned

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