

Case Number:	CM14-0032058		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2013
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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:

In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for electro diagnostic testing of the bilateral lower extremities. Both MTUS and non-MTUS Guidelines were cited in the denial, the claims administrator stated that electro diagnostic testing was not indicated if the applicant already had a clinically obvious radiculopathy. In a January 24, 2014 request for authorization form, the attending provider sought authorization for an MRI of the lumbar spine and bilateral lower extremity electro diagnostic testing. The injured worker reportedly had positive straight leg raising and diminished sensorium about the lower extremities. The injured worker was given a shoulder subacromial injection. Lumbar MRI imaging and bilateral lower extremity electro diagnostic testing were sought. In an earlier note dated December 13, 2013, the attending provider commented that the injured worker did not have any evidence of lumbar radiculopathy. MRI imaging and electro diagnostic testing of the upper extremities were sought while the injured worker was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, EMG testing may be helpful to identify subtle focal neurologic dysfunction in injured workers whose low back symptoms have persisted greater than three to four weeks. In this case, the injured worker has low back pain symptoms which have apparently persisted for several months. There is evidence of subtle lower extremity neurologic dysfunction in the form of paresthesias appreciated about the same on a recent office visit. EMG testing to help establish the presence or absence of radiculopathy is indicated. Therefore, the request is medically necessary.

Electromyography (EMG) of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, EMG testing may be helpful to identify, subtle, focal neurologic dysfunction in injured worker with low back symptoms which last greater than three or four weeks. In this case, the applicant has had low back pain and lower extremity symptoms which have seemingly lasted for several months. EMG testing may be helpful to clarify the subtle complaints of lower extremity paresthesias and dysesthesias apparently present here. Therefore, the request is medically necessary.

Nerve conduction velocity (NCV) of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 a primary low back pain issue. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, Electromyography section, and nerve conduction testing is generally normal in radiculopathy. Nerve conduction testing can help to identify a condition which could mimic sciatica, such as a peroneal compression neuropathy or generalized peripheral neuropathy. There was no evidence of any systemic disease process such as diabetes, hypertension, or hypothyroidism which might predispose the injured worker toward development of a lower extremity peripheral neuropathy. Therefore, the request is not medically necessary.

Nerve conduction velocity (NCV) of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 a primary low back pain issue. As noted in the Third Edition ACOEM Guidelines, nerve conduction testing is usually normal in radiculopathy. While nerve conduction testing can be employed to help rule out some other cause of lower limb symptoms which could mimic sciatica such as, for instance, a generalized peripheral neuropathy or peroneal compression neuropathy. There was no mention of any systemic disease process such as diabetes being present here which might predispose the injured worker toward development of a generalized peripheral neuropathy. Therefore, the request is not medically necessary.