MAXIMUS Federal Services

Case Number:	CM14-0035712		
Date Assigned:	06/23/2014	Date of Injury:	04/01/2012
Decision Date:	07/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 a represented [redacted] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of April 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; lumbar MRI imaging of June 20, 2013, notable for spondylolysis at L4-L5 and L5-S1 with a 4.5 mm disk bulge at L5-S1 and a 2.5 mm posterior osteophyte disk complex at L4-L5; unspecified amounts of physical therapy; and work restrictions. It did not appear, however, that the applicant has returned to work with limitations in place. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for electrodiagnostic testing of the right lower extremity. The claims administrator stated that the applicant had had an MRI already completed and that the attending provider has not made a compelling case for diagnostic testing at this point in time. The applicant's attorney subsequently appealed. In a progress note dated February 20, 2014, admittedly somewhat sparse, the applicant reported persistent low back and right leg pain. The applicant was using Norco and Voltaren for pain relief. The applicant did exhibit slight weakness about the leg, it was stated. Somewhat incongruously, the attending provider made references to the right leg in some sections of the report and left leg in other sections of the report. Ultimately, electrodiagnostic testing of the right lower extremity was sought to evaluate for right lower extremity radiculopathy. In an earlier progress note of January 9, 2014, it was acknowledged that the applicant was not working. In a later note of February 26, 2014, the applicant's treating provider stated that electrodiagnostic testing will help to determine whether or not the applicant needed surgery and/or epidural steroid injection therapy. The applicant was described as having persistent complaints of low back pain. The applicant exhibited diminished reflexes about the right leg and positive straight leg raising about the same

with some subtle diminution of right lower extremity strength versus the contralateral left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity: Overturned

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

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

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, EMG testing is recommended to clarify suspected diagnosis of nerve root dysfunction. In this case, the applicant does have longstanding, ongoing lumbar radicular complaints radiating down the right leg. Earlier lumbar MRI imaging of June 2013 was equivocal and failed to reveal or uncover a clear source for the applicant's ongoing radicular complaints. EMG testing to clarify the extent of the same is therefore indicated. The request for an EMG of the right lower extremity is is medically necessary and appropriate.

NCV of the right lower extremity: Upheld

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

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

Decision rationale: The MTUS does not address the topic of NCV testing for a primary low back pain issue. As noted in the Low Back Complaints Chapter of the 3rd Edition ACOEM Practice Guidelines, nerve conduction studies are usually normal in radiculopathy but can rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, etc., which could mimic sciatica. In this case, however, the attending provider has not established any concern of a possible superimposed right lower extremity peripheral neuropathy process. There is no evidence of any systemic disease process such as diabetes mellitus which would make a generalized peripheral neuropathy more likely. The applicant is only 34-years-old, effectively arguing against any neuropathy of old age. The request for an NCV of the right lower extremity is not medically necessary or appropriate.