

Case Number:	CM14-0052736		
Date Assigned:	07/07/2014	Date of Injury:	05/21/2012
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 May 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnoses with chronic regional pain syndrome of lower extremity, chronic low back pain, and chronic knee pain; open reduction and internal fixation of the patellar fracture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 3, 2014, the claims administrator denied a request for electrodiagnostic testing of the lower extremities. In a progress note dated November 14, 2013, the applicant reported persistent complaints of low back pain radiating to the leg. The applicant did have hypertension, but did not have any issues of diabetes, it is acknowledged. The applicant is status post multiple knee surgeries. The applicant is 59 years old. The applicant was unemployed, it was noted. The Lumbar sympathetic block and SI joint injection were sought. A January 13, 2014 progress note is notable for comments that the applicant had persistent pain and weakness about the left leg, suggestive of complex regional pain syndrome of the same. Depression and anxiety were also noted. The applicant was placed off of work, on total temporary disability. On February 24, 2014, the applicant was given handicapped placard. The attending provider suggested pursuit of lower extremity electrodiagnostic testing owing to lower extremity muscular atrophy and ongoing radicular complaints. The attending provider suggested that that the applicant's presentation was consistent with either and/or both chronic regional pain syndrome of the lower extremity and/or lumbar radiculopathy. The applicant was again 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 the Bilateral Lower Extremities: 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, Chronic Pain Treatment Guidelines CRPS-2 section Page(s): 37.

Decision rationale: As noted in the MTUS adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is recommended to clarify diagnosis of suspected nerve root dysfunction. In this case, the attending provider has posited that the applicant has some neurologic compromise of the lower extremities, either associated with lumbar radiculopathy and/or chronic regional pain syndrome of the same. Page 37 in the MTUS Chronic Pain Medical Treatment Guidelines, it is further noted, does state that nerve damage associated with CRPS can be detected via EMG testing. Given the presence of both possible lumbar radiculopathy and/or CRPS here, obtaining EMG testing of the bilateral lower extremities to help establish and/or distinguish between the two possible diagnostic considerations is indicated, particular with signs such as atrophy and dysesthesias appreciated on exam Therefore, Electromyography (EMG) of the Bilateral Lower Extremities is medically necessary.

Nerve Conduction Velocity (NCV) of the Bilateral Lower Extremities:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS-2 section Page(s): 37.

Decision rationale: As noted on page 37 of the MTUS Chronic Pain Medical Treatment Guidelines, documentation of peripheral nerve injury can also be employed to help establish a diagnosis of CRPS-2, as is reportedly suspected here. As with the request for EMG testing, the applicant's complaints of low back pain radiating to the legs, muscular atrophy, dysesthesias of lower extremities, taken together, do call into question possible complete regional pain syndrome of the same. Nerve conduction testing to help establish the diagnosis in question is therefore indicated. Accordingly, Nerve Conduction Velocity (NCV) of the Bilateral Lower Extremities is medically necessary.