

Case Number:	CM14-0197994		
Date Assigned:	12/08/2014	Date of Injury:	01/21/2011
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 low back pain reportedly associated with an industrial injury of January 21, 2011. In a Utilization Review Report dated November 13, 2014, the claims administrator approved EMG testing of the right lower extremity while concomitantly denying an NCV of the right lower extremity, NCV of the left lower extremity, and an EMG of the left lower extremity. The claims administrator stated that its decision was based on an October 23, 2014 progress note. On May 16, 2014, the applicant reported ongoing complaints of low back pain radiating to the right thigh, 10/10 without medications. The applicant had undergone a herniorrhaphy surgery. The applicant had poorly controlled diabetes, with most recent hemoglobin A1C of 10.4. The attending provider acknowledged. On August 14, 2014, the applicant was described as having poorly controlled diabetes, with most recent hemoglobin A1c of 10 and recent fasting blood sugars in the 200 range. The applicant's medication list included Nexium, vitamins, Cymbalta, Vicodin, Glipizide, metformin, insulin, Synthroid, Victoza, and Invokana. Multiple medications were renewed. Further laboratory testing was endorsed. On October 23, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant also reported lower extremity weakness. The applicant's diabetes was persistent, it was acknowledged. The applicant exhibited 5- to 5/5 right lower extremity strength. Diminished right lower extremity sensorium was noted. The attending provider stated that the applicant's earlier lumbar MRI imaging of 2011 was unremarkable and demonstrated multilevel disk bulging of uncertain significance. Tylenol No. 3 was endorsed. Electrodiagnostic testing of bilateral lower extremities was sought given the applicant's bilateral lower extremity weakness; it was stated at the bottom of the report. On November 13, 2014, the applicant reported ongoing complaints of low back pain, superimposed on issues with poorly controlled, labile diabetes.

Bilateral lower extremity weakness was appreciated on exam on this occasion, 2-3/5. The applicant was apparently walking without much difficulty, however. Tylenol No. 3 and a handicapped placard were endorsed. BuTrans was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV 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, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Nerve Conduction Studies section

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies of the lower extremities are not recommended for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, in this case, the applicant is an insulin-independent diabetic. The applicant has poorly controlled diabetes with most recent hemoglobin A1cs of 10 or greater, referenced above. The applicant was described as having hyposensorium about the lower extremity and weakness about the bilateral lower extremities, referenced above. A diabetic neuropathy is certainly a diagnostic consideration here, given the applicants presentation with lower extremity weakness, lower extremity hyposensorium, and poorly controlled diabetes. As suggested in the Third Edition ACOEM Guidelines Chronic Pain Chapter, nerve conduction studies are recommended when there is a peripheral systemic neuropathy such as a diabetic neuropathy suspected. Therefore, the request is medically necessary.

NCV 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, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Nerve Conduction Studies section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies for routine foot and ankle problems are not recommended without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, in this case, however, the attending provider has posited that the applicants lower extremity symptoms are bilateral and may, in fact, be a function of diabetic neuropathy as opposed to a lumbar radiculopathy. The Third Edition ACOEM Guidelines Chronic Pain Chapter does note that nerve conduction studies are recommended when there is a peripheral systemic neuropathy, such as diabetic neuropathy, present or suspected. Therefore, the request is medically necessary.

EMG 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, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction in applicants who failed to improve after at least one month of conservative treatment. Here, the attending provider had posited that the applicant may have an occult lumbar radiculopathy which was undetected on earlier nondescript-to-equivocal lumbar MRI imaging. Contrary to what was suggested by the claims administrator, several progress notes, referenced above, did allude to the applicant's having bilateral lower extremity paresthesias, including progress notes of October 23, 2014 and November 13, 2014. Therefore, the request is medically necessary.