

<b>Case Number:</b>	CM15-0010421		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61-year-old who has filed a claim for chronic low back, hip, knee, and leg pain reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review Report dated December 23, 2014, the claims administrator partially approved a request for electrodiagnostic testing of the bilateral lower extremities as EMG testing of the lower extremities alone. Non-MTUS ODG guidelines were invoked. The nerve conduction testing component of the request, thus, was denied. The applicant's attorney subsequently appealed. In a progress note dated November 6, 2014, the applicant ongoing complaints of low back pain radiating to the right hip and lower extremities. The applicant was off of work. The applicant was given a presumptive diagnosis of lumbar radiculopathy. Positive straight leg raising was appreciated bilaterally with some hyposensorium appreciated about the feet. The applicant was asked to remain off of work while electrodiagnostic testing was ordered. On October 23, 2014, the applicant was again described as having low back pain radiating to the leg with hypoesthesias appreciated about the same on exam. The applicant's present medical history did include diabetes mellitus, the treating provider wrote.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the left lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > Diagnostic / Treatment Considerations > Diagnostic Testing > Electromyography. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications: Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence: Recommended, Insufficient Evidence (I).

**Decision rationale:** Yes, the request for nerve conduction testing of the right lower extremity was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does not recommend electrical studies of the lower extremities unless there is clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy, in this case, however, the applicant was diabetic. The applicant was, thus, at heightened predisposition toward development of a generalized peripheral neuropathy. The Third Edition ACOEM Guidelines further note that nerve conduction studies are recommended when there is a suspicion of a peripheral systemic neuropathy of uncertain cause. Here, the applicant's issues with diabetes mellitus did call into question a possible diabetic neuropathy. Therefore, the request was medically necessary.

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**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > Diagnostic / Treatment Considerations > Diagnostic Testing > Electromyography. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications: Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence: Recommended, Insufficient Evidence (I).

**Decision rationale:** Similarly, the request for nerve conduction testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does note that electrical studies of the foot and ankle are not recommended unless there is clinical evidence of tarsal

tunnel syndrome or other entrapment neuropathies, in this case, however, the applicant was diabetic. The applicant was, thus, at heightened risk for development of a generalized peripheral neuropathy. The Third Edition ACOEM Guidelines further note that nerve conduction testing is recommended when there is suspected peripheral systemic neuropathy of uncertain cause, such as that associated with diabetes mellitus. Therefore, the request was medically necessary.