

Case Number:	CM15-0134957		
Date Assigned:	07/23/2015	Date of Injury:	11/02/2011
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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 65-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 2, 2011. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left leg. The claims administrator referenced a June 8, 2015 RFA form and associated progress note of June 2, 2015 in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported ongoing complaints of low back, knee, and hip pain with derivative complaints of depression. The applicant stated that his pain was radiating into the bilateral hips in one section of the note and then stated that his left leg was markedly worse than the right in another section of the note. Multifocal complaints of neck, shoulder, knee, and arm pain were reported in another section of the note. The applicant was diabetic; it was reported in the Review of Systems section of the note. Some unspecified amounts of ankle atrophy were reported in one section of the note. The attending provider then stated that the applicant had full strength about the upper extremities. The applicant was asked to obtain MRI imaging of the lumbar spine to evaluate radiating pain and weakness about the left leg. Electrodiagnostic testing to rule out radiculopathy was sought. The applicant was asked to employ Abilify on a trial basis. The applicant was asked to consult a psychologist. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of lumbar spine and left leg: 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): 309.

Decision rationale: Yes, the request for EMG testing of the lumbar spine and left leg was medically necessary, medically appropriate, and indicated here. 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. Here, the applicant was described as having ongoing, worsening, complaints of low back pain radiating into left leg, per a progress note of June 2, 2015. The applicant was diabetic. Obtaining EMG testing was, thus, indicated to delineate between the presence or absence of an active lumbar radiculopathy versus a diabetic neuropathy. Therefore, the request was medically necessary.

NCS of lumbar spine and left leg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Nerve conduction study (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848.

Decision rationale: Similarly, the request for nerve conduction testing of the lumbar spine and left lower extremity was likewise medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 377 notes that electrical studies (AKA nerve conduction testing) is "not recommended" absent some evidence of tarsal tunnel syndrome or entrapment neuropathy, here, however, the applicant was described as a type 1 diabetic on the June 2, 2015 office visit at issue, significantly increasing the likelihood of the applicant's carrying a superimposed disease process such as diabetic neuropathy. The Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction testing when there is suspicion of a peripheral systemic neuropathy of uncertain cause. Here, obtaining the nerve conduction testing in question was indicated to delineate between the presence or absence of a lumbar radiculopathy versus a peripheral neuropathy. Therefore, the request was medically necessary.