

Case Number:	CM14-0210913		
Date Assigned:	12/23/2014	Date of Injury:	06/23/2014
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with industrial injury of June 23, 2014. In a Utilization Review Report dated December 1, 2014, the claims administrator denied a request for EMG-NCV testing of the left lower extremity. The claims administrator referenced a November 19, 2014 progress note in its determination. The claims administrator referenced non-MTUS Third Edition ACOEM Guidelines at the bottom of its report, but did not incorporate said guidelines into the rationale in anyway whatsoever. The text of the ACOEM Guidelines invoked cited were likewise not provided. The applicant's attorney subsequently appealed. In a November 19, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, left greater than right. The applicant exhibited weakness about the left leg. The applicant was using a cane to move about. The applicant was given diagnosis of lumbar radiculopathy. The applicant had multilevel degenerative disk disease noted on lumbar MRI imaging of the L4-L5 and L5-S1, the attending provider stated. A rather proscriptive 10-pound lifting limitation was endorsed, which the attending provider acknowledged the applicant's employer could not accommodate. The applicant stated that manipulative therapy had proven unsuccessful. Flexeril, Naprosyn, and electrodiagnostic testing of bilateral lower extremities was endorsed. The primary suspected diagnosis, per the treating provider was lumbar radiculopathy. The attending provider stated that the electrodiagnostic testing was being performed to rule out a diagnosis of lumbar radiculopathy. In an earlier note dated October 22, 2014, the applicant was described as having issues with diabetes, first diagnosed in October 2013. The applicant was on

Motrin, Norco, and Prozac. The applicant was apparently using a cane, it was stated. Positive straight leg raising was noted. The applicant had some weakness about the left lower leg. MRI imaging of August 22, 2014 was notable for multilevel degenerative disk disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Studies for the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Table 12-8, 309; Table 14-6, 377.

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. Here, the applicant has persistent complaints of low back pain radiating to the left leg. Earlier lumbar MRI imaging of August 20, 2014, referenced above, was non-descriptive and failed to uncover any singular, large herniated disk, or a large lesion which would account for the applicant's ongoing radicular complaints. Obtaining EMG testing, thus, is indicated to identify the source of the applicant's ongoing radicular complaints. Similarly, the NCV component of the request is likewise indicated. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, states that electrical studies such as the nerve conduction study component of the request "not recommended" for routine foot and ankle problems without clinical evidence or tarsal tunnel syndrome or other entrapment neuropathies, here, the applicant is diabetic. The attending provider has stated that diabetic neuropathy is also a possibility. Obtaining both EMG and NCV testing, thus, would help to distinguish between the presence of lumbar radiculopathy and/or diabetic neuropathy. Therefore, the request for Electromyography and Nerve Conduction Studies for the left lower extremity is medically necessary.