

Case Number:	CM15-0015580		
Date Assigned:	02/03/2015	Date of Injury:	03/30/2013
Decision Date:	03/30/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/27/2015

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, 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and earlier lumbar discectomy surgery in 2008. In a Utilization Review Report dated January 1, 2015, the claims administrator denied a request for electrodiagnostic testing. An RFA form received on December 24, 2014 was referenced in the determination. Non-MTUS ODG guidelines were invoked in the report rationale, and furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a medical-legal evaluation of October 2, 2014, the applicant reported ongoing complaints of low back pain, highly variable. The applicant was off of work, on total temporary disability. The applicant was 67 years old. The applicant was apparently working as a sales representative for [REDACTED] as of this point in time. The applicant did have a 15-year history of diabetes. The applicant was using metformin and insulin for the same. The applicant did have a history of having filed multiple previous disability claims, it was incidentally noted. The medical-legal evaluator did acknowledge that the applicant had returned to regular duty work, per several primary treating provider notes of August 19, 2014 and September 8, 2014. The medical-legal evaluator noted that the applicant's treating provider had stated that the applicant had a recurrent disk herniation at the L4-L5 level. Electrodiagnostic testing of bilateral lower extremities and MRI imaging of the lumbar spine were endorsed by the medical-legal evaluator. It was suggested that the electrodiagnostic testing would be employed for

apportionment purposes as portions of the applicants permanent impairment rating would be attributed to non-industrial factors such as diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities (BLE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. 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: 1. Yes, the request for electrodiagnostic testing of the bilateral lower extremities 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 a diagnosis of suspected nerve root dysfunction. Here, the attending provider has posited that the applicant may have some elements of nerve root dysfunction/lumbar radiculopathy superimposed on ongoing issues with peripheral neuropathy/diabetic neuropathy. Obtaining electrodiagnostic testing can help to distinguish between and determine the relative contribution of these various considerations of the various diagnoses present here. Therefore, the EMG component of the request is indicated. The MTUS does not address the topic of nerve conduction testing for suspected diabetic neuropathy. However, the Third Edition ACOEM Guidelines note that nerve conduction studies are recommended when there is a peripheral systemic neuropathy of uncertain cause. Here, the attending provider stated that the applicant had been diabetic for the past 15 years and may very well have developed issues with superimposed peripheral neuropathy. Obtaining electrodiagnostic testing to determine the relative contributions of diabetic neuropathy and/or lumbar radiculopathy as the source of the applicant's ongoing lower extremity paresthesias is, thus, indicated, for both clinical and medical-legal reasons. Therefore, the request was medically necessary.