

Case Number:	CM13-0015478		
Date Assigned:	04/23/2014	Date of Injury:	05/31/2012
Decision Date:	07/28/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 Neurology, has a subspecialty in Neurocritical Care 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:

This is a 42 year old male with a 05/31/2012 date of injury, when the patient slipped and fell. An 8/13/13 determination was modified. EMGs of the bilateral lower extremities were certified and NCVs of the bilateral lower extremities were non-certified. A 5/9/14 medical report identified no lumbar examination. A 3/18/14 report identified that on 8/9/13 electrodiagnostic studies were performed with normal nerve conduction studies and a non-specific finding that might support left S1 radiculopathy. A 2/18/14 medical report identifies that the patient underwent an epidural injection in November 2013 with 60% relief in symptoms for two weeks. Exam revealed numerous trigger points, 4+/5 strength in the L3, L4, L5, and S1 myotomes on the left. Sensory exam revealed decreased sensation in the L5-S1 distribution. Lumbar spine MRI of 6/23/12 revealed neuroforaminal stenosis at L5-S1. The patient had conservative treatment without resolution of symptoms. The provider notes that the patient had electrodiagnostic studies performed of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (NERVE CONDUCTION VELOCITY) TEST, RIGHT LOWER EXTREMITY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006).

Decision rationale: The ODG states that nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient has radiculopathy on the left. Right conduction studies would be appropriate as a control only if the patient meets criteria for performing the same on the left lower extremity, and there is no rationale identifying the need of nerve conduction studies in this particular patient in light of clear radiculopathy findings on exam and MRI. As such, the request is not medically necessary and appropriate.

NCV (NERVE CONDUCTION VELOCITY) TEST, LEFT LOWER EXTREMITY:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006).

Decision rationale: The ODG states that nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no rationale identifying the need of nerve conduction studies in this particular patient in light of clear radiculopathy findings on exam and MRI. As such, the request is not medically necessary and appropriate.