MAXIMUS Federal Services

Case Number:	CM13-0018110		
Date Assigned:	10/11/2013	Date of Injury:	05/11/2012
Decision Date:	01/09/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

70 year-old male with injury from 5/11/12, suffers from chronic low back and leg pains. The requested EMG/NCV studies were denied per UR letter 8/14/13. The UR actually authorized EMG studies but denied NCV stating that the guidelines only support the use of EMG. Treater's note from 8/27/13 is requesting EMG/NCV studies of the legs to explain right L4 nerve involvement. 7/25/13 report states that the patient has low back pain with pain radiating into the right greater than left leg. Examination findings were normal, for neurologic findings. [redacted] is recommending neurodiagnostic study to assess his lower extremity for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of bilateral lower extremities: Upheld

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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding NCV studies.

Decision rationale: This patient suffers from low back and bilateral lower extremity pains. The leg symptoms are presumed to be coming from the lumbar spine. In this situation NCV studies are not indicated. NCV studies would be indicated for peripheral neuropathy, plexopathy or other conditions such as myopathies. However, this patient presents with low back condition with questions of radiculopathy. The treater is interested in understanding the nature of radiculopathy, severity, and level. In this situation NCV studies are not indicated. MTUS and ACOEM guidelines do not discuss NCV studies for the lumbar spine. However, ODG guidelines specifically do not recommend performing NCV studies for presumed symptoms based on radiculopathy.