

Case Number:	CM13-0023244		
Date Assigned:	11/15/2013	Date of Injury:	11/21/2008
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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:

The patient is a male whose date of birth is [REDACTED]. His reported date of injury is November 21, 2008. The patient had previous L4-5 reconstructive surgery. The patient has had 3 back surgeries with fusion and hardware removal. The patient has a diagnosis of failed back surgery, and he has complaints of chronic low back pain. Physical examination reveals tenderness to palpation of the back muscles and decreased range of back motion. There is a positive straight leg raising test documented. There is additional documentation from a nurse practitioner that indicates the patient has neurologic symptoms in the lower extremities. Specifically, the nurse practitioner has described the patient's muscle atrophy in the lower extremities, right greater than left, and positive tract sign, as well as motor weakness of the right leg and diminished sensation of the right foot. Furthermore, the nurse practitioner requested electrodiagnostic studies to confirm radiculopathy in the patient. The patient has participated in an interdisciplinary pain rehabilitation program. X-rays of the lumbar spine in November 2011 demonstrate multiple spinal surgeries with slight change in the contour of the right L5 pedicle screw. CT scan of the lumbar spine reveals severe spinal canal stenosis seen at C3-4 level with postoperative changes from L4-S1. The Utilization Review from the Claims Administrator approved the requested EMG testing. At issue is whether NCV testing is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV, right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on Electrodiagnostic studies.

Decision rationale: The medical records document peer-to-peer conversation with the treating nurse practitioner. The nurse practitioner describes a clinical situation involving the patient's neurologic symptoms in the lower extremities that is not otherwise documented in the medical records. Specifically the nurse practitioner discussed concern for the patient's muscle atrophy in the lower extremities, as well as motor weakness in the right leg and diminished sensation of the right foot. According to the nurse, electrodiagnostic study was requested to confirm radiculopathy in this patient. Referenced ODG guidelines suggest an electromyography (EMG) may be useful to obtain an equivocal evidence of radiculopathy. The nurse practitioner has discussed the lack of clinical concern for peripheral nerve entrapment or neuropathy. Given this fact, the medical necessity of the requested EMG of the bilateral lower extremities has been established. However, nerve conduction velocity studies (NCV) are not medically necessary given the fact that there is no concern for entrapment condition or neuropathy in the lower extremities documented in the medical records or in the additional comments from the nurse practitioner in the peer-to-peer discussion. Furthermore, ODG Guidelines indicate that NCV is not recommended for low back conditions.

NCV, left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on Electrodiagnostic studies.

Decision rationale: The medical records document peer-to-peer conversation with the treating nurse practitioner. The nurse practitioner describes a clinical situation involving the patient's neurologic symptoms in the lower extremities that is not otherwise documented in the medical records. Specifically the nurse practitioner discussed concern for the patient's muscle atrophy in the lower extremities, as well as motor weakness in the right leg and diminished sensation of the right foot. According to the nurse, electrodiagnostic study was requested to confirm radiculopathy in this patient. Referenced ODG guidelines suggest an electromyography (EMG) may be useful to obtain an equivocal evidence of radiculopathy. The nurse practitioner has discussed the lack of clinical concern for peripheral nerve entrapment or neuropathy. Given this fact, the medical necessity of the requested EMG of the bilateral lower extremities has been established. However, nerve conduction velocity studies (NCV) are not medically necessary

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