

Case Number:	CM13-0050773		
Date Assigned:	12/27/2013	Date of Injury:	04/04/2011
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 69-year-old female who reported an injury on 04/04/2011. The mechanism of injury was noted to be a fall. She is diagnosed with lumbar spine degenerative joint disease, lumbar radiculitis, and lumbar sprain/strain. Her symptoms are noted to include low back pain with radiation into the left leg, left hip pain, left thigh pain, and foot numbness. The most recent physical examination provided for review was dated 04/30/2013 and was noted to reveal negative straight leg raise testing, normal sensation to the lower extremities, and normal motor strength at 5/5 in the lower extremities. A progress report dated 10/01/2013 listed diagnoses of lumbar sprain/strain, unspecified thoracic/lumbosacral neuritis, and lumbar/lumbosacral degeneration. The treatment plan listed electromyography and lumbar spine MRI. No physical examination findings were provided and under subjective complaints is a list of the patient's medications only.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction velocity studies are not recommended, as there is minimal justification for performing NCV studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical information submitted for review indicates that the patient has a diagnosis of lumbar radiculitis and she has symptoms of low back pain with radiating pain into her left lower extremity. However, the physical examination findings provided failed to show any evidence of radiculopathy in the left lower extremity. In addition, the Guidelines indicate that NCV studies are not recommended to evaluate for radiculopathy. Therefore, the request for NCV left lower extremity is non-certified.

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction velocity studies are not recommended, as there is minimal justification for performing NCV studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient is noted to have a diagnosis of lumbar radiculitis. The clinical notes provided indicated that the patient reported low back pain with radiation into the left lower extremity. However, she was not noted to complain of radiating pain into her right lower extremity and her physical examination findings failed to show any evidence of radiculopathy in her extremities. Further, the ODG does not support the use of NCV studies to evaluate for radiculopathy. For these reasons, the request for NCV right lower extremity is noncertified.