

Case Number:	CM13-0051272		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2004
Decision Date:	04/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery, and is licensed to practice in New York. 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 has a date of injury of January 14, 2004. He is a 42-year-old male who injured his back at work. Treatment has included medications, physical therapy, functional restoration program, hip injections, placement of an intrathecal pump with subsequent revision in 2012. Lumbar MRI in August 2011 showed multilevel disc degeneration. The patient complains of chronic low back pain and right hip pain. There is no documentation the medical records of physical exam findings suggestive of lumbar radiculopathy, myelopathy or peripheral neuropathy. At issue is whether neurophysiologic testing in the lumbar spine is medically necessary

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) BODY PARTS FOR THE LUMBAR SPINE: 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 rationale: This patient does not meet the established criteria for neurophysiologic testing. Specifically, the medical records do not contain physical examination which document findings of a neurologic deficit, radiculopathy, or myelopathy. The records also provide no documentation of peripheral neuropathy. Guidelines for neurophysiologic testing are not met. The patient has MRI imaging that does not demonstrate significant neurologic compression. The MRI imaging shows a degenerative disc condition. There is an absence of neurologic deficit and an absence of imaging studies showing significant lumbar neurocompression. The request for an NCV of the lumbar spine is not medically necessary or appropriate.

EMG (ELECTROMYOGRAPHY) OF THE LUMBAR SPINE: 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 rationale: This patient does not meet the established criteria for neurophysiologic testing. Specifically, the medical records do not contain physical examination which document findings of a neurologic deficit, radiculopathy, or myelopathy. The records also provide no documentation of peripheral neuropathy. Guidelines for neurophysiologic testing are not met. The patient has MRI imaging that does not demonstrate significant neurologic compression. The MRI imaging shows a degenerative disc condition. There is an absence of neurologic deficit and an absence of imaging studies showing significant lumbar neurocompression. The request for an EMG of the lumbar spine is not medically necessary or appropriate.