

Case Number:	CM13-0053207		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2013
Decision Date:	03/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Spinal Surgery 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:

41 year old claimant presents with an industrial injury 3/4/13. Exam note 10/3/13 demonstrates report of low back pain. Reports of radiation to bilateral legs with numbness and tingling are noted. Objective findings note thoracic and lumbar paraspinal tenderness. Reports of positive straight leg raise testing bilaterally are indicated. MRI lumbar spine 3/1/13 demonstrates 14 degree levoscoliosis with no evidence of extruded disc herniation, central or foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the left 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, Low back section, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back section, Nerve conduction studies (NCS)

Decision rationale: Per the ACOEM Guidelines 2nd edition, page 178, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients. Based upon the clinical information submitted the NCV

component is not medically necessary. There is evidence in the records of presumptive radiculopathy. Per the Official Disability Guidelines, Low back section, Nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based upon the review of the available medical records and the clinical guidelines listed above, the determination is for non-certification as NCS are not medically necessary

NCS of the 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, Low back section, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back section, Nerve conduction studies (NCS)

Decision rationale: Per the ACOEM Guidelines 2nd edition, page 178, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients. Based upon the clinical information submitted the NCV component is not medically necessary. There is evidence in the records of presumptive radiculopathy. Per the Official Disability Guidelines, Low back section, Nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based upon the review of the available medical records and the clinical guidelines listed above, the determination is for non-certification as NCS are not medically necessary.