

Case Number:	CM13-0063656		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2013
Decision Date:	05/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, and has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 34-year-old female who reported an injury on 04/16/2013, secondary to heavy lifting. Current diagnoses include acute industrial lumbosacral sprain/strain, L5-S1 disc protrusion with impingement, and right lower extremity radiculopathy. The injured worker was evaluated on 11/05/2013. Prior conservative treatment includes physical therapy and chiropractic treatment. It is noted that the injured worker underwent a lumbar spine MRI on 08/31/2013, which indicated disc protrusion at L5-S1 with impingement on the exiting right S1 nerve root. The injured worker reported low back pain with radiation to the right lower extremity. Physical examination revealed tenderness to palpation over the right paralumbar and sciatic notch regions with paralumbar muscle spasm, limited lumbar range of motion, diminished sensation in the right lower extremity, 5/5 motor strength in bilateral lower extremities, positive straight leg raise, and symmetrical deep tendon reflexes. Treatment recommendations included an EMG/NCV study of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (NERVE CONDUCTION VELOCITY) FOR RIGHT LOWER EXTREMITY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended. As per the documentation submitted, the injured worker underwent an MRI of the lumbar spine on 08/31/2013 which did indicate nerve root impingement. The current physical examination reveals decreased sensation with positive straight leg raise. As guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, the current request cannot be determined as medically appropriate. As such, the request is non-certified.