

Case Number:	CM13-0066697		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2010
Decision Date:	05/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine, 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 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:

According to the records made available for review, this is a 54-year-old male with a 7/1/10 date of injury. At the time (9/19/13) of request for authorization for NCV right lower extremity and NCV left lower extremity, there is documentation of subjective (low back pain radiating to the legs with numbness and tingling in the lower extremities) and objective (tenderness over the posterior spinous process and paraspinal muscles; positive straight leg raise bilaterally; positive Lasegue's and Bragard tests on the left; weakness of the extensor hallucis longus, gastrosoleus complex, and peroneals at grade 4/5) findings, imaging findings (reported MRI lumbar spine (unspecified date) revealed moderate degenerative disc at L5-S1 with focal spinal stenosis at L5-S1, and a mild disc protrusion at L4-5), current diagnoses (L5-S1 radiculopathy and L5-S1 degenerative disc disease), and treatment to date (physical therapy and medications). Medical report identifies a request for bilateral lower extremity EMG/NCV.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 10/9/13) Nerve Conduction Studies (NCS)

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of L5-S1 radiculopathy and L5-S1 degenerative disc disease. In addition, there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks and at least 1-month of conservative therapy. However, given documentation of subjective (low back pain radiating to the legs with numbness and tingling in the lower extremities) and objective (tenderness over the posterior spinous process and paraspinal muscles; positive straight leg raise bilaterally; positive Lasegue's and Bragard tests on the left; weakness of the extensor hallucis longus, gastrosoleus complex, and peroneals at grade 4/5) findings, as well as diagnoses including L5-S1 radiculopathy, there is documentation that the patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCV right lower extremity is not medically necessary.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 10/9/13) Nerve Conduction Studies (NCS).

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of L5-S1 radiculopathy and L5-S1 degenerative disc disease. In addition, there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks and at least 1-month of conservative therapy. However, given documentation of subjective (low back pain radiating to the legs with numbness and tingling in the lower extremities) and objective (tenderness over the posterior spinous process and paraspinal muscles; positive straight leg raise bilaterally; positive Lasegue's and

Bragard tests on the left; weakness of the extensor hallucis longus, gastrocnemius complex, and peroneals at grade 4/5) findings, as well as diagnoses including L5-S1 radiculopathy, there is documentation that the patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCV left lower extremity is not medically necessary.