

Case Number:	CM13-0066768		
Date Assigned:	01/03/2014	Date of Injury:	03/08/2013
Decision Date:	05/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation 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:

Review of progress notes shows onset of radicular symptoms started October 2013. Patient notes intermittent moderate low back pain with radiation to the right leg. There is tenderness of lumbosacral area with bilateral muscle spasms, positive SLR on the right with sensory loss of the right leg and plantar foot. MRI of the lumbar spine performed October 10, 2013 showed mild spinal canal stenosis at L4 to L5 level. There is mild bilateral neural foraminal narrowing at L3 to L4 and L4 to L5. EMG/NCS of the bilateral lower extremities performed December 13, 2013 was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF 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 Chapter, Nerve Conduction Studies Section.

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 Chapter, Nerve Conduction Studies Section.

Decision rationale: The California MTUS does not specifically address this issue. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient already had nerve conduction studies of bilateral lower extremities done December 13, 2013, which was normal. There is no documentation showing progression of symptoms that would necessitate nerve conduction studies of the lower extremities. Therefore, the request for NCV of right lower extremity was not medically necessary.

NCV OF THE LEFT LOWER EXTREMITIES: 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 Chapter, Nerve Conduction Studies Section.

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 Chapter, Nerve Conduction Studies Section.

Decision rationale: The California MTUS does not specifically address this issue. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient already had nerve conduction studies of bilateral lower extremities done December 13, 2013, which was normal. There is no documentation showing progression of symptoms that would necessitate nerve conduction studies of the lower extremities. Therefore, the request for NCV of right lower extremity was not medically necessary.