

Case Number:	CM13-0066932		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2009
Decision Date:	08/06/2014	UR Denial Date:	11/27/2013
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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 61 year old male who sustained injuries to his left knee/ankle, low back, and ribs on 02/13/09 when he was run over by a truck. The records indicate that the injured worker is status-post open reduction internal fixation of the posterior process of the talus excision, left ankle on 09/17/09, left ankle subtalar joint arthrodesis 09/21/10 and removal of the hardware of the left foot on 10/11/10. Treatment to date has included medications, physical therapy, steroid injections, activity limitation and work restrictions. The injured worker has been diagnosed with lumbar stenosis at L3-4 and L3 spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF BLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (NCS).

Decision rationale: The previous request was modified to bilateral lower extremities EMG only, no NCV. The Official Disability Guidelines states that there is minimal justification for

performing NCV when an injured worker is presumed to have symptoms on the basis of radiculopathy. Current evidence based studies demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV (NCS) have often low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often, uncomfortable, and costly EMG/NCS. Given this, the request for NCV of the Bilateral Lower Extremities is not medically necessary.