

Case Number:	CM13-0068756		
Date Assigned:	05/14/2014	Date of Injury:	07/01/2010
Decision Date:	07/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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:

The patient is a 53-year-old male who has submitted a claim for lumbar focal disc herniation at L5-S1, status post decompressive laminectomy and disc excision at L5-S1 associated with an industrial injury date of July 1, 2010. Medical records from 2012 to 2013 were reviewed. The patient complained of chronic moderate to severe lower back pain with radiation into both legs. Physical examination of the lumbosacral spine showed restricted ROM at forward flexion of 15 degrees, extension of 10 degrees, right lateral bending of 10 degrees, and left lateral bending of 15 degrees; bilateral weakness of EHL, gastrosoleus, and peroneals; and decreased sensation bilaterally at the L4-5 levels. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, and lumbar laminectomy. Utilization review from November 26, 2013 denied the requests for left and right lower extremity NCV. Reasons for denial are unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY STUDY (NCV) LEFT LOWER EXTREMITY:

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 (ODG) Low Back Chapter, Nerve Conduction Studies.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, the patient presented with signs of possible radiculopathy. Recent progress notes reported lower back pain with radiation into both legs with tingling and numbness. However, there is no comprehensive neurologic exam available. Progress notes from October 31, 2013 reported that the patient had a previous EMG/NCV showing L5-S1 radiculopathy, lumbar MRI showing lumbar degenerative disc disease and L5-S1 level with a focal midline disc herniation, and a lumbosacral xray showing degenerative disc disease and disc space narrowing of at least 50%. Patient is also being considered for surgery. Patient's symptoms are indicative of radiculopathy as evidenced by the previous EMG/NCV. There is no compelling rationale for a repeat NCV at this time. Therefore, the request for nerve conduction velocity study (NCV) left lower extremity is not medically necessary.

NERVE CONDUCTION VELOCITY STUDY (NCV) RIGHT LOWER EXTREMITY:
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 (ODG) Low Back Chapter, Nerve Conduction Studies.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, the patient presented with signs of possible radiculopathy. Recent progress notes reported lower back pain with radiation into both legs with tingling and numbness. However, there is no comprehensive neurologic exam available. Progress notes from October 31, 2013 reported that the patient had a previous EMG/NCV showing L5-S1 radiculopathy, lumbar MRI showing lumbar degenerative disc disease and L5-S1 level with a focal midline disc herniation, and a lumbosacral xray showing degenerative disc disease and disc space narrowing of at least 50%. Patient is also being considered for surgery. Patient's symptoms are indicative of radiculopathy as evidenced by the previous EMG/NCV. There is no compelling rationale for a repeat NCV at this time. Therefore, the request for nerve conduction velocity study (NCV) right lower extremity is not medically necessary.