

Case Number:	CM13-0070520		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2003
Decision Date:	01/23/2014	UR Denial Date:	12/11/2013
Priority:	Expedited	Application Received:	12/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a male patient with a date of injury of August 23, 2003. A utilization review determination dated December 11, 2013 recommends modification of the requested EMG/NCV bilateral lower extremities. The request is modified to recommend EMG only for bilateral lower extremities. The reason for modification states, "there has not been evidence of progression of symptoms or findings that define the need for a special study within the medical record presented for review. The results from prior study is not given nor is there comparison of the clinical presentation at the time of the surgeries to the present clinical presentation. There is no stated evidence or discussion regarding presence of peripheral neuropathy." A progress report is dated November 5, 2013 identifies, "reviewed is an Agreed Medical Re-examination by R [REDACTED] [REDACTED]. of [REDACTED] dated September 5, 2013." The note goes on to state, "[REDACTED] states it does seem appropriate to recommend current MRI scan of the lumbar spine with further recommendations as indicated from that study. The only further alternative would be to consider the patient as having reached permanent and stationary/MMI status and to determine them under future medical care what is a likely outlook. It would then be determined that the patient would either need an MRI or CT scan with contrast and additional studies such as further electrodiagnostic studies as indicated by progression of his symptoms and findings. Subsequent surgery or surgeries as may be indicated which would include the low back and possibility of future surgical revision for the right knee if this should arise." The note goes on to state, "as to the low back, if no further testing or surgery is to be carried out at this time, the patient may also be considered again permanent and stationary regarding the low back with provision of future medical care as needed." The note goes on to state, "I have the opportunity to review

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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: Regarding the request for nerve conduction studies (NCV) of the lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient already has clinically obvious radiculopathy. Additionally, there is no documentation of any change in the patient's function for which additional diagnostic testing may be indicated. Guidelines clearly recommend against performing nerve conduction studies for the evaluation of lumbar radiculopathy. There is no documentation that any other diagnoses are being entertained, for which nerve conduction studies may be warranted. In the absence of clarity regarding those issues, the currently requested nerve conduction study (NCV) of the lower extremity is not medically necessary..

URGENT NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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: Regarding the request for nerve conduction studies (NCV) of the lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that

electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient already has clinically obvious radiculopathy. Additionally, there is no documentation of any change in the patient's function for which additional diagnostic testing may be indicated. Guidelines clearly recommend against performing nerve conduction studies for the evaluation of lumbar radiculopathy. There is no documentation that any other diagnoses are being entertained, for which nerve conduction studies may be warranted. In the absence of clarity regarding those issues, the currently requested nerve conduction study (NCV) of the lower extremity is not medically necessary.