

Case Number:	CM14-0005675		
Date Assigned:	02/07/2014	Date of Injury:	04/27/2011
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Neurology and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 04/27/2011. The mechanism of injury was not provided. The documentation of 12/06/2013 revealed there had been a recommendation for electrodiagnostic testing on 10/22/2013. That note was not provided for review. The physical examination of 12/06/2013 revealed the injured worker had a decrease of forward flexion due to pain. The straight leg raise test was mildly positive on the right and negative on the left. The injured worker had trace weakness of the ankle evertors and dorsiflexors. The diagnoses were lumbar sprain/strain, degenerative disc disease, stenosis and sciatica. The treatment plan was and EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS, 710

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 Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review would support an EMG. There was no documentation of peripheral neuropathy condition that existed in the bilateral lower extremities. Given the above, the request for NCV of the bilateral lower extremities is not medically necessary.