

Case Number:	CM14-0010458		
Date Assigned:	02/21/2014	Date of Injury:	04/15/2002
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 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:

Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant burning and aching low back pain, 7-8/10 without medications and 5-6/10 with medications, radiating to both legs, more on the left. On physical examination, there was a healed surgical scar on her lumbar spine. Straight leg raising test was positive on the left. There was weakness of the left hip flexors and left extensor hallucis longus. There was decreased light touch throughout the left lower extremity. The patient ambulated independently with an antalgic gait. Lumbar Spine MRI dated September 24, 2013 revealed no nerve root compression at all levels. EMG/NCS of the bilateral lower extremities dated January 6, 2014 revealed no evidence of significant neuropathy, radiculopathy, or plexopathy. Treatment to date has included medications, physical therapy, lumbar epidural steroid injections, and left-sided hemilaminotomy with medial facetectomy and discectomy. Utilization review from December 31, 2013 denied the request for NCS for right lower extremity/lumbar and NCS for left lower extremity/lumbar because there was no indication for nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCS) OF THE LEFT LOWER EXTREMITY/LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: 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 are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, electrodiagnostic studies were recommended to rule out left lumbar radiculopathy. There is no clear rationale for nerve conduction studies despite not being recommended by guidelines. Therefore, the request for Nerve Conduction Study (NCS) of The Left Lower Extremity/Lumbar is not medically necessary.

NERVE CONDUCTION STUDY (NCS) OF THE RIGHT LOWER EXTREMITY/LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: 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 are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, electrodiagnostic studies were recommended to rule out left lumbar radiculopathy. There is no clear rationale for nerve conduction studies despite not being recommended by guidelines. Therefore, the request for Nerve Conduction Study (NCS) of the Right Lower Extremity/Lumbar is not medically necessary.