

Case Number:	CM14-0012639		
Date Assigned:	02/21/2014	Date of Injury:	10/29/1991
Decision Date:	07/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The patient is a 53-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of October 29, 1991. Medical records from 2011 to 2013 were reviewed. The patient complained of lower back and leg pain. Physical examination showed antalgic gait, 4/5 strength in the left L5 distribution, and decreased sensation along the left L5 and S1 dermatomes. Electrodiagnostic study from May 31, 2011 showed mild left L4 sensory radiculopathy. Treatment to date has included acupuncture, aquatic therapy, physical therapy, and epidural steroid injections. Utilization review from January 6, 2014 denied the request for nerve conduction study of the bilateral lower extremities due to physical examination findings of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY OF THE BILATERAL LOWER EXTREMITIES.:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 2014.

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, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible persistent radiculopathy, which persisted despite physical therapy. Electrodiagnostic study from May 31, 2011 showed mild left L4 sensory radiculopathy. However, recent progress notes documented subjective complaints and physical examination findings consistent with persistent radiculopathy not neuropathy. In addition, there is insufficient clinical information regarding the right lower extremity to warrant a NCS. Furthermore, there was no reevaluation done on the patient since November 2012. Therefore, the request for nerve conduction study of the bilateral lower extremities is not medically necessary.