

Case Number:	CM14-0017781		
Date Assigned:	04/16/2014	Date of Injury:	03/04/2013
Decision Date:	06/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 46-year-old male who reported an injury on 03/04/2013. The mechanism of injury was not stated. The current diagnoses include L4 radiculitis, left L3 radiculitis, L3-4 disc extrusion, and L5-S1 radiculitis. The injured worker was evaluated on 02/21/2014. The injured worker reported ongoing lower back pain with left lower extremity numbness. The injured worker was status post L3-4 transforaminal epidural steroid injection without improvement. The injured worker has also been treated with chiropractic therapy, physical therapy, and acupuncture. The current medications include Ultracet, Flexeril, Lyrica, and Diclofenac sodium. Physical examination on that date revealed an antalgic gait, diminished strength on the left, decreased sensation in the L4, L5, and S1 distribution, tenderness to palpation, spasm, positive straight leg raising on the left, positive slump testing on the left, and positive bowstring sign on the left. The treatment recommendations at that time included a nerve conduction studies and EMG of 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Nerve Conduction Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker does demonstrate decreased sensation, diminished strength, and positive straight leg raising on the left. Therefore, the medical necessity for nerve conduction studies of bilateral lower extremities has not been established. There is no mention of a neurological deficit with regard to the right lower extremity. As the Official Disability Guidelines do not recommend nerve conduction studies, the current request is not medically appropriate.