

<b>Case Number:</b>	CM14-0176484		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

5/2/12 MRI lumbar spine notes DJD of the lumbar spine with herniation at L4-5 causing severe central stenosis. 2/12/14 orthopedic evaluation notes numbness in the greater toes and aching in the back. The condition has improved with water therapy, medication and surgery. Examination notes diminished sensation in L5 bilaterally. There is a diagnosis of history of decompressive laminectomy with residual myelopathy. 8/12/14 note reported severe low back pain and severe spasm. Medications are reported to help the insured care for self. There is reported burning pain in both feet after history of surgery. Examination notes weakness in lower extremity with burning pain in feet. There was lumbar tenderness. Assessment was lumbar disc disorder with chronic pain syndrome. 10/7/14 note reported pain in the low back with bilateral foot numbness. There was lumbar spasm. Examination noted lumbar tenderness with decreased feeling in feet with reflexes at patellar of . The assessment was lumbar disc disorder with chronic pain syndrome. The treating physician requested neurosurgical evaluation and NCV to evaluate numbness and worsening pain in the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back

Procedure Summary last updated 08/22/2014; regarding nerve conduction studies / Minimum Standards for electrodiagnostic studies

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower extremity, NCV

**Decision rationale:** ODG guidelines support NCV for guidance when the diagnosis is not clearly radicular or there is progressive neurologic change. Specifically, it may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The medical records reflect a condition of increasing neurologic findings regarding numbness in feet, with increasing pain, and progressive reflex changes in patellar reflexes. These findings support the necessity of NCV congruent with ODG to guide determination of etiology and prognosis for treatment consideration. The request is medically necessary.

**Consultaion with a Neurosurgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 09/10/2014 regarding office visits; Evaluation and Management (E&M) outpatient visits/ therapeutic office visits

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-306.

**Decision rationale:** MTUS supports referral for specialty care referral for surgical consultation when there is:- Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise- Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms- Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair- Failure of conservative treatment to resolve disabling radicular symptoms The medical records provided for review support progressive neurologic changes in the insured with h/o DJD and surgical changes and the condition has not improved with conservative care of medications, aquatic therapy, and interventions. Congruent with MTUS, the medical records support medical necessity for referral to specialist. The request is medically necessary.