MAXIMUS Federal Services

Case Number:	CM14-0178176		
Date Assigned:	10/31/2014	Date of Injury:	11/16/2012
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 Interventional Spine 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 51 year old female with an injury date of 11/16/12. The 09/08/14 report by the treater states that the patient presents with neck and lower back pain radiating into the upper and lower extremities. After a lumbar epidural steroid injection (ESI), the patient states right sided leg pain became bilateral leg pain. The patient also presents with pain radiating to the neck causing headaches and increased pain in the shoulders, elbows, and wrists due to continuing to work. She is working with restrictions. Examination shows spasm and tenderness in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion and decreased sensation bilaterally over the C6 and L5 dermatomes with pain. No imaging studies are provided; however, the treater does cite cervical and lumbar spine MRIs from 08/02/13 that includes: -Multi-level disc bulging C3 through C7 with no evidence of disc collapse or significant nerve compromise.-Right sided foraminal stenosis at L3-L4 with disc desiccation throughout.The patient's diagnoses include: -Cervical Radiculopathy-Lumbosacral radiculopathy-Shoulder and wrist tendinitis/bursitis-Hand sprain/strain.The utilization review being challenged in dated 10/09/14. Reports were provided from 07/07/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) of left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve conduction studies (NCS)

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: The patient presents with neck and lower back pain radiating into the upper extremities, headaches, and increased pain in the shoulders elbows and wrists. The treater requests for NCV left lower extremity. ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" NCV is indicated if peripheral neuropathy is suspected. On 09/08/14 the treater states the patient has undergone one lumbar ESI and wants to defer additional injections and carpal tunnel release. The report further states this request is based on the patient's continued pain and he is requesting updated electrodiagnostic studies of the lower extremities to determine if the cause of the paresthesias is entrapment neuropathy versus radiculopathy versus peripheral neuropathy. Repeat studies are requested as it is unclear when the prior studies were done, the treater does not have a copy and the review of the medical legal examiner report does not show that a copy of electrodiagnostic studies was reviewed. A copy of the medical legal examiner report is not provided. In this case, the treater states that peripheral neuropathy is a concern and the reason for a repeat study is explained. The request is medically necessary.

NCV of right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve conduction studies (NCS)

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Nerve conduction studies (NCS)

Decision rationale: The patient presents with neck and lower back pain radiating into the upper extremities, headaches, and increased pain in the shoulders elbows and wrists. MTUS does not discuss NCS. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" NCV is indicated if peripheral neuropathy is suspected.On 09/08/14 the treater states the patient has undergone one lumbar extracorporeal shock wave (ESW) and wants to defer additional injections and carpal tunnel release. The report further states this request is

based on the patient's continued pain. He is requesting updated electrodiagnostic studies of the lower extremities to determine if the cause of the paresthesias is entrapment neuropathy versus radiculopathy versus peripheral neuropathy. Repeat studies are requested as it is unclear when the prior studies were done, the treater does not have a copy and the review of the medical legal examiner report does not show that a copy of electrodiagnostic studies was reviewed. A copy of the medical legal examiner report is not provided. In this case, the treater states that peripheral neuropathy is suspected and the reason for a repeat study is explained. The request is medically necessary.