

Case Number:	CM14-0020962		
Date Assigned:	04/30/2014	Date of Injury:	02/18/1997
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 54 year old female with a date of injury on 2/18/97. The injury involves chronic low back pain that has been treated conservatively. An MRI performed on 12/9/13 demonstrated: T12-L1 disc protrusion, disc degeneration L2-L3, central stenosis L3-L4, and central stenosis L4-L5, hypertrophic changes at facet joints L5-S1. A physician visit on 1/14/14 demonstrated the following subjective complaints: patient presents with intermittent moderate low back pain with radiation to the gluteal region bilaterally; numbness in the right leg from the thigh to the toes. Examination of the lumbar spine revealed tenderness to palpation; range of motion included flexion of 60 degrees, external rotation of 20 degrees and lateral flexion of 30 degrees. There was a positive straight leg rise bilaterally. The physician requested that the patient undergo a nerve conduction velocity study and electromyography (NCV/EMG) exam of the lower extremities to assess her neurological complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY STUDIES OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

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

Decision rationale: The ACOEM guidelines state that EMG, 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. In this case, radicular symptoms were already identified and with supporting MRI evidence. Performing NCV studies are not necessary for diagnostic purposes in this case.