

Case Number:	CM14-0037169		
Date Assigned:	06/25/2014	Date of Injury:	12/06/2011
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 48-year-old male who has submitted a claim for L3-L4, L4-L5 and L5-S1 disc protrusions with stenosis, facet syndrome at L3-L4, L4-L5 and L5-S1, radiculopathy/radiculitis, and C5-C6 and C6-C7 disc protrusions causing radiculopathy associated with an industrial injury date of December 6, 2011. Medical records from 2013-2014 were reviewed. The patient complained of low back pain radiating to the legs. The pain was characterized as aching, stabbing, numbing, and burning. The intensity was severe and the duration was constant. Physical examination showed decreased range of motion bilaterally of the lower extremities. Motor strength was 3-4/5 proximally and distally bilaterally. Sensation was diminished in the feet bilaterally. Straight leg raise test was positive bilaterally. MRI of the lumbar spine dated February 8, 2012, revealed L3-L4 4mm disc protrusion and L4-L5, L5-S1 significant facet hypertrophy with 2mm disc bulges. Utilization review cited that EMG/NCV was performed on 1/8/14 revealing normal findings; however, official result was not made available for review. Treatment to date has included medications, physical therapy, chiropractic care, TENS unit, activity modification, lumbar epidural steroid injections, and lumbar median branch block. Utilization review, dated March 17, 2014, denied the request for nerve conduction studies of the lower extremities because the most recent clinical evaluation does not provide evidence of any neurological deficits that would require additional diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nerve Conduction Studies of the Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index , 11 Edition (web), 2013, Low Back Chapter.

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.

Decision rationale: 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 are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient presented with low back pain radiating to bilateral lower extremities. Presentation on both lower extremities strongly indicates radiculopathy manifested by positive SLR, decreased motor strength 3-4/5, and diminished sensation on both feet. Clear clinical signs of radiculopathy is not an indication for NCV. Furthermore, utilization review cited that EMG/NCV was performed on 1/8/14 revealing normal findings; however, official result was not made available for review. There is no clear rationale why a repeat testing is being requested at this time. Therefore, the request for 1 Nerve Conduction Studies of the Lower Extremities not medically necessary.