Case Number:	CM14-0052300		
Date Assigned:	07/07/2014	**Date of Injury:**	05/05/1982
Decision Date:	08/21/2014	**UR Denial Date:**	04/01/2014
Priority:	Standard	**Application Received:**	04/21/2014

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 71 years old male with an injury date of 05/05/1982. Based on the 03/24/2014 progress report provided by [redacted] the diagnoses are lumbar radiculopathy and chronic lumber strain. According to this report, the patient complains of left foot weakness and admits it has not been progressing. He stated that he has difficulty with left heel raise and minimal alteration in gait. The MRI of the lumbar spine on 11/18/2013 reveals 1-2 mm disc bugle at L1-L2; 3-4 mm disc bulge at L2-L3; 2-3mm disc bulge at L3-L4; 4-5 mm disc bulge at L4-L; and 4-5 mm disc bulge at L5-S1. On the 12/10/2013 report indicates the patient has a 5 cm different in the calf measurement and left calf atrophy. There were no other significant findings noted on this report. [redacted] is requesting NCS (Nerve Conductive Study) of the bilateral lower extremities, and Electromyography (EMG) of the bilateral lower extremities. The utilization review denied the request on 04/01/2014. [redacted] is the requesting provider and his reports from 06/17/2013 to 03/24/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS (nerve conductive study) of the bilateral lower extremities.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the 03/24/2014 report by [redacted] this patient presents with left foot weakness. The treating doctor is requesting a repeat NCS (Nerve Conductive Study) of the bilateral lower extremities to better determine the cause for left calf atrophy and left lower extremity weakness. The date of the previous Nerve Conduction Studies (NCS) was not provided. The MTUS and ACOEM do not discuss NCS. However, Official Disability Guidelines (ODG) does not recommend a nerve conduction velocity (NCV). There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In this case, the treating doctor does not explain when the last electrodiagnostic test was done or the findings. There is no explanation of when the patient's weakness started and when atrophy set in. However, given the concern for peripheral neuropathy and what appears to be a recent finding of weakness, a NCV study does appear to be reasonable. This request is medically necessary.

Electromyography (EMG) of the bilateral lower extremities.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the 03/24/2014 report by [redacted] this patient presents with left foot weakness. The treating doctor is requesting a repeat Electromyography (EMG) of the bilateral lower extremities to better determine what is causing the left calf atrophy and left lower extremity weakness. The date of the previous EMG was not provided. Regarding electrodiagnostic studies, the ACOEM guidelines support an EMG and H-reflex tests to determine subtle, focal neurologic deficit. In this case, the patient does not present with neurologic deficit and the treating doctor does not explain when the last electrodiagnostic took place or the findings. There is no explanation of when the patient's weakness started and when atrophy set in. However, given the concern for peripheral neuropathy and what appears to be a recent finding of weakness a EMG study does to be appear reasonable. This request is medically necessary.