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| Case Number: | CM14-0054747 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 10/06/2011 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/23/2014 |

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 Illinois. 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 injured worker is a 43 year old woman who slipped and fell into a ditch while cutting mustard on October 6, 2011 per provider notes. However, the Division of Workers Compensation states the date of injury is Oct 9, 2011. She complains of intermittent left groin pain that radiates to the left lower extremity and occasionally to the lower back, with no right lower extremity symptoms. An electromyogram on October 5, 2011 showed an absent left saphenous response and prolonged left tibial H-reflex. It is stated that electro diagnostic studies on November 5, 2011 showed lumbar radiculopathy of the left S1 nerve root. Magnetic resonance imaging of left hip and pelvis was authorized but never completed. Exam reveals diminished left lower extremity sensation, normal right lower extremity sensation, and hip tenderness with restricted range of motion of left hip and negative straight leg-raise bilaterally. Her diagnoses include traumatic arthropathy in the pelvic region, myalgia, myositis, and lumbar strain, and thigh, hip and joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study of 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), Low Back, and Nerve Conduction Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 342-343.

Decision rationale: The injured worker has complaints of intermittent left groin pain that radiates to the left lower extremity and occasionally to the lower back, with no right lower extremity symptoms. The pain started after a work injury in October of 2011. Exam is noted for diminished left lower extremity sensation only. Because the injured worker has complaints of pain with radiation to her left leg, radiculopathy is already established. Per Medical Treatment Utilization Schedule guideline, nerve conduction velocity studies for lower extremity pain are not recommended. The worker already has established left lower extremity radiculopathy by clinical history and exam findings. There is clinical history nor and no exam findings for radiculopathy of the right lower extremity. Therefore, Nerve Conduction Velocity Studies are not medically necessary.