

Case Number:	CM14-0068833		
Date Assigned:	07/14/2014	Date of Injury:	10/16/2013
Decision Date:	10/02/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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:

This case involves a 35-year-old female who has submitted a claim for moderate disc space narrowing, hyperlordosis, rule out lumbar herniated nucleus pulposus (HNP), and rule out lumbar radiculopathy associated with an industrial injury date of October 16, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain that radiated down to the right leg and toes, and associated numbness. There was no radicular symptom to the left leg. On physical exam, patient was found to have a slow and antalgic gate, tenderness in the lumbar area, positive straight leg raise test on the right at 30 degrees to the toes, decreased sensation in the right L4-S1, and elevated reflexes on the right. Treatment to date has included medications, physical therapy, chiropractic treatment, multiple pain management techniques, injections and surgery. Utilization review from April 22, 2014 denied the request for NCV of the right lower extremity and NCV of the left lower extremity because radiculopathy in this case was already clinically obvious.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with back pain radiating to the lower extremities, hyperreflexia on the right, positive SLR test, and decreased sensation in the L4-S1 dermatomes. These are clear and not subtle signs and symptoms of a lumbar radiculopathy, not neuropathy. Electrodiagnostic studies are no longer needed in this case to diagnose radiculopathy. Therefore, the request NCV of the right lower extremity is not medically necessary.

NCV of the left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the Official Disability Guidelines (ODG), electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with back pain radiating to the lower extremities, hyperreflexia on the right, positive straight leg raise test, and decreased sensation in the L4-S1 dermatomes. These are clear and not subtle signs and symptoms of a lumbar radiculopathy, not neuropathy. Electrodiagnostic studies are no longer needed in this case to diagnose radiculopathy. Therefore, the request NCV of the left lower extremity is not medically necessary.