MAXIMUS Federal Services

Case Number:	CM14-0074616		
Date Assigned:	09/05/2014	Date of Injury:	08/12/2011
Decision Date:	11/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 & Rehabilitation and Pain Management, 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 46 year old female with an injury date of 08/12/11. Based on the 04/09/14 progress report, the patient has low back pain and bilateral leg radiculitis with pain radiating to the heels. She has a decreased range of motion. The 04/15/14 report indicates that the patient rates her low back pain as a 7/10. The patient has difficulty with sleeping and stress. In regards to the lumbar spine, the patient has mild to moderate spasms and +3 tenderness elicited to L1-L4. Her pain increases with lifting, prolonged standing, sitting, and driving. The patient's diagnoses include the following:1.Lumbar radiculitis2.Lumbar myospasmsThe utilization review determination being challenged is dated 05/01/14. Treatment reports were provided from 03/18/13- 04/15/14 (some reports were hand-written and illegible).

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (Nerve Conduction Velocity) 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 (updated 03/31/14)

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: According to the 04/09/14 report, the patient has low back pain and bilateral leg radiculitis with pain radiating to the heels. The request is for a NCV (nerve conduction velocity) of the left lower extremity. Review of the available reports does not show evidence of a prior NCV. MTUS and ACOEM guidelines do not discuss NCV. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013)."In this situation, NCV studies are not recommended per ODG guidelines. Therefore, the NCV (Nerve Conduction Velocity) of the left lower extremity is not medically necessary and appropriate.

NCV (Nerve Conduction Velocity) 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 (updated 03/31/14)

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: According to the 04/09/14 report, the patient has low back pain and bilateral leg radiculitis with pain radiating to the heels. The request is for a NCV (nerve conduction velocity) of the right lower extremity. Review of the available reports does not show evidence of a prior NCV. MTUS and ACOEM guidelines do not discuss NCV. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013)."In this situation, NCV studies are not recommended per ODG guidelines. Therefore, the NCV (Nerve Conduction Velocity) of the right lower extremity is not medically necessary and appropriate.