

Case Number:	CM14-0083969		
Date Assigned:	07/25/2014	Date of Injury:	01/03/2014
Decision Date:	08/28/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 is a patient with the date of injury of January 3, 2014. A utilization review determination was dated May 6, 2014. A progress report dated May 13, 2014 identifies subjective complaints of back pain neck pain and right arm pain. The back pain radiates to the patient's legs and feet. The pain is rated as 4/10. Current medications include Terocin and Lyrica. Physical examination reveals decreased strength in the numerous muscle groups in the right and left lower extremities. Sensation is decreased to light touch in the left lateral thigh. Diagnoses include sprains and strains of the neck, spondylolisthesis, cervicalgia, and lumbosacral strain. The treatment plan recommends electrodiagnostic studies for bilateral lower extremities. The treatment plan goes on to state that an EMG would only be able to document issues pertaining to proximal nerve root lesions from the lumbosacral plexus. It would not provide information regarding the sciatic nerve root, which is also a differential diagnosis for her presentation. A progress report dated April 15, 2014 indicates that the patient has received 40-60% relief with acupuncture, 40-60% relief with physical therapy, and 40-60% relief with H wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study of the bilateral 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 - Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication that a peripheral nerve lesion is being considered. The requesting physician has talked about sciatic nerve roots and lumbosacral plexus nerve roots. Any nerve root condition would be able to be identified by electromyography which was recommended for certification. Therefore, in the absence of documentation regarding concern about a peripheral nerve lesion (as opposed to a radicular lesion), the nerve conduction study of the bilateral lower extremities is not medically necessary.

Consultation with an orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral for orthopedic consultation, the California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why orthopedic consultation is being requested at the current time. It appears the patient has been responding well to conservative treatment including physical therapy, acupuncture, and H-wave. Additionally, further diagnostic workup has recently been certified. Therefore, it is unclear why additional consultation would be indicated for surgical consideration. As such, the consultation with an orthopedic surgeon is not medically necessary.