

Case Number:	CM14-0199536		
Date Assigned:	12/10/2014	Date of Injury:	05/22/1990
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 underlying date of injury in this case is 05/22/1990. The date of Utilization Review under appeal is 11/07/2014. On 10/25/2014, the patient was seen in initial pain evaluation and noted to be a 67-year-old woman who had been injured in 1990 when she was about to jump from one machine to another and she slipped and injured her neck, upper back, mid-back, lower back, shoulders, legs, and knees. The patient subsequently was treated by a chiropractor, an orthopedic surgeon, general practitioner, and pain management physician, which provided trigger point injections and a TENS unit which provided moderate relief. The pain management physician concluded that the patient had a post laminectomy syndrome and lumbago. On examination the patient had 4/5 strength in hip flexion, bilateral knee extension, left ankle dorsiflexion, and plantar flexion and left great toe extension. Motor strength was 3/5 on right ankle dorsiflexion and plantar flexion and great toe extension. Sensation was diminished in the right L4, L5, and S1 dermatomes. The treating physician planned an epidural steroid injection and also planned to continue the patient's medications. The treating physician also planned electrodiagnostic studies of the lower extremities to rule out a lumbar radiculopathy versus peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

in Worker's Compensation, Online Edition Chapter: Low Back- Lumbar & Thoracic (Acute and Chronic), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303 states Electromyography may be useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. An initial physician review concluded that the patient was presumed to have a radiculopathy and noted that a needle EMG was certified and that there was minimal justification for a nerve conduction study when the patient has radiculopathy. However, I note that the medical records indicate that the plan is to assess the patient for a radiculopathy versus a focal peripheral neuropathy. While it is true that a needle electromyogram can diagnose a radiculopathy, nerve conduction studies are usually necessary in order to diagnose and localize a peripheral neuropathy. For this reason the requested nerve conduction study is supported by the treatment guidelines. This request is medically necessary.

NCS of right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, Online Edition Chapter: Low Back- Lumbar & Thoracic (Acute and Chronic), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303 states Electromyography may be useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. An initial physician review concluded that the patient was presumed to have a radiculopathy and noted that a needle EMG was certified and that there was minimal justification for a nerve conduction study when the patient has radiculopathy. However, I note that the medical records indicate that the plan is to assess the patient for a radiculopathy versus a focal peripheral neuropathy. While it is true that a needle electromyogram can diagnose a radiculopathy, nerve conduction studies are usually necessary in order to diagnose and localize a peripheral neuropathy. For this reason the requested nerve conduction study is supported by the treatment guidelines. This request is medically necessary.