

Case Number:	CM14-0200548		
Date Assigned:	12/10/2014	Date of Injury:	07/12/2010
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
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 & Rehabilitation, 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 49 year old male with an injury date on 7/12/10. The patient complains of low lumbar pain per 11/12/14 report. The patient also has bilateral leg pain that is severe, overall pain rated 8/10 per 5/22/14 report. The patient regained bowel/bladder function completely per 8/18/14 report. The patient is s/p anterior and posterior lumbar fusion, and states the surgery "helped him significantly" and is much more comfortable per 10/15/14 report. The patient states that he sometimes has increased pain, but feels better overall per 11/12/14 report. Based on the 11/12/14 progress report provided by the treating physician, the diagnoses are: 1. displacement of lumbar intervertebral disc 2. spinal stenosis lumbar region A physical exam on 11/12/14 showed "plantarflexors and dorsiflexors are 5/5 bilateral. Sensation is intact to light touch bilaterally." The QME dated 9/10/14 showed straight leg raise was positive bilaterally. No range of motion testing was provided in the progress reports included in documentation. The patient's treatment history includes medications, lumbar fusion, physical therapy (helped, but has residual pain per 11/12/14 report). The treating physician is requesting NCS to bilateral lower extremities. The utilization review determination being challenged is dated 11/20/14. The requesting physician provided treatment reports from 5/22/14 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS to Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with lower back pain, bilateral leg pain. The treater has asked for NCS to bilateral lower extremities on 11/12/14 "to reassess the patient's neural structures." Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex to address potential focal neurologic issues with low back pain. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient had a positive straight leg raise. The patient's leg symptoms appear to be primarily radicular with no concerns for other issues such as peripheral neuropathy. The treater does not raise any other concerns via discussion or examination. Therefore, the request is not medically necessary.