

Case Number:	CM14-0096600		
Date Assigned:	02/18/2015	Date of Injury:	05/18/2008
Decision Date:	03/10/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 injured worker is 57 year old male who sustained an industrial related injury on 5/18/08. A physician's report dated 7/11/14 noted the injured worker had a severe exacerbation of his back and leg pain. The injured worker was noted to have progressively degenerative stenosis at L3-4 and was status post L4-S1 fusion. MRI images of the lumbar spine were noted to have shown age-consistent degenerative changes, disc flattening and herniation, multifactorial and multilevel stenosis. Degenerative stenosis at L3-4 with facet arthropathy and spondylolisthesis with a large disc herniation at L2-3 was also noted. Diagnoses were spinal stenosis, lumbar spondylosis, and spondylolisthesis. On 6/6/14 the request for EMG/NCS for bilateral lower extremities was modified. The UR physician cited the MTUS guidelines and noted medical records provided did not contain specific clinical symptoms or objective findings suggestive of peripheral neuropathies to warrant both EMG and NCV studies. The request was modified to certify an EMG for bilateral lower extremities only. The NCV study was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, although there was a reported worsening of his low back pain and leg pain, the progress note included documentation of a completely normal physical examination which stated normal sensory, reflex, and strength testing, suggesting clearly no radiculopathy. Additional testing such as with NCV testing of the lower extremities does not seem medically necessary without any objective physical findings to suggest any neurological compromise which would warrant any intervention following the testing.