

Case Number:	CM15-0000865		
Date Assigned:	01/12/2015	Date of Injury:	10/12/2005
Decision Date:	03/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 45 year old male, who sustained an industrial injury on October 12, 2005, losing his balance and falling backwards, hitting his head, cervical spine, lumbar spine, and thoracic spine. The injured worker has reported losing consciousness. The diagnoses have included cervical and lumbar myofascial pain, left lumbar radiculitis, and intervertebral disc disease. Treatment to date has included medications. Currently, the injured worker complains of having more pain in the low back that goes down the left leg, and headaches, reporting a recent fall in the shower. The Primary Treating Physician's report dated November 14, 2014, noted the injured worker with cervical pain and headaches, an eight with medications and a nine without medications on the pain scale. The Physician noted the injured worker's pain down the left leg a seven with medications and a nine without medications on the pain scale. The Physician noted giving the injured worker prescriptions for Tramadol and Elavil, and requesting authorization for a nerve conduction of the lower extremities. On December 2, 2014, Utilization Review non-certified a request for nerve conduction of the lower extremities, noting there was no clinical exam findings indicating neurological involvement or failure of conservative therapy, and as such the request was not supported. The MTUS ACOEM Guidelines, Low Back, was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of nerve conduction of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction of lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with low back pain that goes down to left leg and headaches. The request is for nerve conduction of lower extremities. The patient is remaining off work until 12/15/14 per 11/14/14 report. MTUS is silent on NCV. ACOEM does allow for nerve conduction studies to confirm the diagnosis of CTS or to differentiate radiculopathy for the upper extremities. ODG guideline low back chapter has 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 case, the treater does not discuss the reason for this request, and the reports provided do not indicate a prior study. The patient complains of low back pain that radiates down the left leg and an EMG study may be reasonable to identify radiculopathy. However, ODG guidelines do not support NCV studies when leg symptoms are presumed to be coming from the L-spine. The treater does not raise any other concerns such as peripheral neuropathy or potential plexus issues to warrant NCV studies. The request IS NOT medically necessary.