MAXIMUS Federal Services

Case Number:	CM15-0209292		
Date Assigned:	10/28/2015	Date of Injury:	03/03/2011
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 43 year old male, who sustained an industrial injury on 3-3-11. The injured worker was diagnosed as having lumbar disc herniation and lower extremity radicular pain. Subjective findings (8-27-15) indicated continuous 7 out of 10 low back pain with numbness, tingling and weakness in the right leg. The treating physician noted a previous electrodiagnostic study of the lower extremities on 4-19-12 with "abnormal results". Objective findings (8-27-15) revealed a positive straight leg raise test at 60 degrees, lumbar flexion of 50 degrees, extension of 20 degrees, right lateral flexion of 15 degrees and left lateral flexion of 20 degrees. There was no neurological examination. Treatment to date has included several epidural injections (date of service and location note provided) with "minimal relief" and an intramuscular Toradol injection on 8-27-15. The Utilization Review dated 10-7-15, non-certified the request for an NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The claimant sustained a work injury in March 2011 when he slipped on ice while lowering boxes from a high shelf. He was seen for an initial evaluation by the requesting provider in August 2015. Electrodiagnostic testing in April 2012 is referenced as showing abnormalities. He was having pain rated at 7/10 and had lower extremity numbness and tingling. Physical examination findings included a body mass index of 34.5. There was decreased lumbar range of motion with tenderness. Minor's test was positive. There was positive left straight leg raising. There was no significant past medical history. Naprosyn was the only medication. Requests included bilateral lower extremity nerve conduction studies. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. In this case, the claimant has already had electrodiagnostic testing and these results were not reviewed when the request was made. There is no history of systemic disease that would support a need for nerve conduction testing. The request is not medically necessary.

NCV RLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The claimant sustained a work injury in March 2011 when he slipped on ice while lowering boxes from a high shelf. He was seen for an initial evaluation by the requesting provider in August 2015. Electrodiagnostic testing in April 2012 is referenced as showing abnormalities. He was having pain rated at 7/10 and had lower extremity numbness and tingling. Physical examination findings included a body mass index of 34.5. There was decreased lumbar range of motion with tenderness. Minor's test was positive. There was positive left straight leg raising. There was no significant past medical history. Naprosyn was the only medication. Requests included bilateral lower extremity nerve conduction studies. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. In this case, the claimant has already had electrodiagnostic testing and these results were not reviewed when the request was made. There is no history of systemic disease that would support a need for nerve conduction testing. Additionally, there would be no need to test the asymptomatic right lower extremity. The request is not medically necessary.