MAXIMUS Federal Services

Case Number:	CM15-0036085		
Date Assigned:	03/04/2015	Date of Injury:	02/01/2011
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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 42 year old male who sustained an industrial injury on 02/01/2011. Current diagnoses include thoracic/lumbosacral neuritis, spinal stenosis, lumbar with neurogenic claudication, and displacement interverbral disc. Previous treatments included medication management, right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, notchplasty, and excision of scar tissue on 08/30/2012, physical therapy, acupuncture, and lumbar injection. Report dated 03/09/2015 noted that the injured worker presented with complaints that included low back pain radiating to the left calf. Physical examination was positive for abnormal findings. Utilization review performed on 02/11/2015 non-certified a prescription for nerve conduction velocity (NCV) right upper extremity and nerve conduction velocity (NCV) left upper extremity, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV right lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on Nerve Conduction Studies Low back chapter, Electrodiagnostic studies (EDS).

Decision rationale: This patient presents with lumbar spine pain radiating to the left calf. The physician is requesting an NCV RIGHT LOWER EXTREMITY. The RFA was not made available for review. The patient's date of injury is from 02/01/2011 and his current work status was not made available. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the Low Back chapter on Nerve Conduction Studies states: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies (EDS) states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. The records do not show any previous NCV of the right lower extremity. The post UR progress report dated 03/09/2015 shows sensory testing for pain, light touch, position, and vibration of the foot is diminished over the lateral foot and plantar foot. The rest of the examination was within normal limits. In this case, the examination does not show any significant sensory or neurological deficits to warrant the need of an NCV. Furthermore, ODG does not recommend NCS on the basis of radiculopathy. The request IS NOT medically necessary.

NCV left lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on Nerve Conduction Studies Low back chapter, Electrodiagnostic studies (EDS).

Decision rationale: This patient presents with lumbar spine pain radiating to the left calf. The physician is requesting an NCV RIGHT LOWER EXTREMITY. The RFA was not made available for review. The patient's date of injury is from 02/01/2011 and his current work status was not made available. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the Low Back chapter on Nerve Conduction Studies states: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies (EDS) states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. The records do not show any previous NCV of the right lower extremity. The post UR progress report dated 03/09/2015 shows sensory testing for pain, light touch, position, and vibration of the foot is diminished over the lateral foot and plantar foot. The rest of the examination was within normal limits. In this case, the examination does not show any significant sensory or neurological deficits to warrant the need of

an NCV. Furthermore, ODG does not recommend NCS on the basis of radiculopathy. The request IS NOT medically necessary.