

Case Number:	CM15-0037291		
Date Assigned:	03/05/2015	Date of Injury:	05/25/2014
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54-year-old female, who sustained an industrial injury on 05/25/2014. She has reported subsequent mid and lower back pain with radicular symptoms and was diagnosed with T12-L1 disc extrusion and thoracolumbar myalgia. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 10/21/2014, the injured worker complained of mid and lower back pain with radicular symptoms that was rated as 8/10. Objective findings were notable for neck pain with Spurling's maneuver, tenderness of the cervical paraspinals, pain in the thoracic spine with cervical range of motion, positive straight leg raise, limited lumbar range of motion with pain and tenderness to palpation in the lower thoracic paraspinals and lower lumbar paraspinals bilaterally. The physician noted that electromyography and nerve conduction studies of the lower extremities were being requested to evaluate for evidence of a lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study (NCS) left lower extremity: 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), Low back-Lumbar & thoracic, nerve conduction studies.

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

Decision rationale: This 54-year-old female has complained of low back pain since date of injury 5/25/14. She has been treated with physical therapy and medications. The current request is for nerve conduction study of the left lower extremity. Per the ACOEM guidelines cited above, electromyography (EMG), with nerve conduction studies may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks however is not routinely recommended. This patient has documentation of clear, objective neurologic deficits on examination which does not necessitate further diagnostic testing. On the basis of the available medical documentation and per the ACOEM guidelines cited above, Nerve Conduction Studies of the left lower extremity is not indicated as medically necessary.

Nerve conduction study (NCS) right lower extremity: 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), Low back-Lumbar & thoracic, nerve conduction studies.

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

Decision rationale: This 54-year-old female has complained of low back pain since date of injury 5/25/14. She has been treated with physical therapy and medications. The current request is for nerve conduction study of the right lower extremity. Per the ACOEM guidelines cited above, electromyography (EMG), with nerve conduction studies may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks however is not routinely recommended. This patient has documentation of clear, objective neurologic deficits on examination which does not necessitate further diagnostic testing. On the basis of the available medical documentation and per the ACOEM guidelines cited above, Nerve Conduction Studies of the right lower extremity is not indicated as medically necessary.