

Case Number:	CM15-0059179		
Date Assigned:	04/03/2015	Date of Injury:	07/11/2013
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52-year-old male who sustained a work related injury on July 11, 2013, incurred back injuries after pulling on a pallet jack. He was diagnosed with a lumbar sprain, lumbosacral degenerative disc disease with disc protrusion, and stenosis. He underwent a lumbar microdiscectomy. Treatment included narcotics, steroids, pain management, aquatic therapy, epidural steroid injections, physical therapy and work modification. Currently, the injured worker complained of worsening low back pain and right lower extremity weakness and pain. The treatment plan that was requested for authorization included nerve conduction studies (NCS) of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS bilateral 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 (ODG) Low Back Section, Nerve Conduction Study.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity NCS studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured workers working diagnoses are lumbar sprain; disc degeneration; disc protrusion lumbar spine; disc bulge, lumbar; and status post ALIF November 3, 2014 L4-L5. The most recent progress note in the medical record is dated January 6, 2015. The request for authorization was dated March 9, 2015. There are no contemporaneous progress notes in the medical record on or about March 9, 2015. According to the January 6, 2015 progress note, subjectively, the injured worker tripped with his right foot and fell approximately 1 to 2 weeks prior. It was increased pain in the low back and right foot. He notes numbness and tingling in the right leg down to the foot. There is weakness in the lower back. Objectively, the objective examination is limited to weakness of the right lower extremity in comparison to the left. There are no objective clinical findings documented. The treatment plan does not include a clinical indication or rationale for your conduction studies. Clinically, the injured worker appears to have a right lower extremity radiculopathy. There is subjective weakness of the right lower extremity in comparison to the left documented in the medical record. However, there are no objective findings noted in the record. The guidelines state there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms based on radiculopathy. Additionally, there are no subjective or objective clinical findings of radiculopathy involving the left lower extremity. Consequently, based on the subjective documentation of right lower extremity radiculopathy without objective findings, bilateral lower extremity nerve conduction studies are not medically necessary.