MAXIMUS Federal Services

Case Number:	CM13-0053511		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2013
Decision Date:	03/14/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas, Indiana, Michigan, and Nebraska. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old male who reported an injury on 07/29/2013. The mechanism of injury was noted to be the patient was lifting a fixture that weighed 166 pounds. The patient was noted to have an MRI on 10/21/2013 which revealed at the level of L5-S1 there was an annular tear with a superimposed right paracentral disc protrusion measuring 5 mm in AP diameter resulting in moderate to severe right lateral recess stenosis likely impinging on the right S1 nerve root and there was noted to be moderate right-sided neural foraminal stenosis. At L4-5, there was noted to be mild to moderate bilateral neural foraminal stenosis secondary to facet arthropathy. The patient was noted to be treated with physical therapy. The patient had subjective complaints of getting sciatica, pain, and trouble sleeping and the patient was noted to be restless. The objective findings indicated the patient had continued right lower leg decreased sensation and decreased motor strength. The diagnosis was noted to be lumbosacral radiculopathy and right upper extremity and L5-S1 stenosis. The request was made 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:

Nerve Conduction Velocity Test (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710.

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the patient had complaints of sciatica. Per the MRI, the patient was noted to have moderate to severe right lateral recess stenosis likely impinging on the right S1 nerve root. There was lack of documentation indicating the necessity for bilateral lower extremities NCV versus a unilateral NCV. The request for NCV of the bilateral lower extremities is not medically necessary.