MAXIMUS Federal Services

Case Number:	CM14-0116129		
Date Assigned:	09/16/2014	Date of Injury:	06/05/2012
Decision Date:	11/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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 39 year old with an injury date on 6/5/12. Patient complains of low lumbar pain rated 9/10, and right lower extremity pain. The 4/22/14 report states patient's pain is worsening, and he feels lile he should increase the dose, strength or frequency of his medication. Based on the 5/28/14 progress report provided by [redacted] the diagnosis is lumbar disc herniation. Exam on 6/18/14 showed "plantar flexors and dorseiflexers are weak in right leg, rated 4/5. Sensation intact to light touch bilaterally." [redacted] is requesting nerve conduction studies of right lower extremity, and nerve conduction studies of left lower extremity. The utilization review determination being challenged is dated 7/16/14. [redacted] is the requesting provider, and he provided treatment reports from 1/15/14 to 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction studies of 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366-367. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) low back chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with lower back pain and right leg pain. The treater has asked for nerve conduction studies of right lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. The treater does not explain what he is looking or other than addressing the patient's radicular symptoms. Recommendation is for denial.

Nerve conduction studies of 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366-367. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with lower back pain and right leg pain. The treater has asked for nerve conduction studies of left lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Recommendation is for denial.