

Case Number:	CM14-0128616		
Date Assigned:	09/16/2014	Date of Injury:	10/30/2013
Decision Date:	11/06/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 71-year-old female with a 10/30/13 date of injury. At the time (7/17/14) of request for authorization for NCV left lower extremity, NCV right lower extremity, and EMG left lower extremity, there is documentation of subjective (low back pain which radiates into the right lower extremity with pain, paresthesia and numbness) and objective (lumbar spine tenderness, and spasms, toe and heel walk with pain, limited and painful range of motion, 5/5 muscles strength in the lower extremities, DTRs equal, and decreased sensation in the right L5 lateral leg) findings, current diagnoses (lumbosacral radiculopathy with scoliosis), and treatment to date (medications, physical therapy, and acupuncture). 5/9/14 medical report identifies that the patient's diagnosis of radiculopathy is not entirely clear, and that the possibility of peripheral nerve entrapment or neuropathy is present and therefore, neurodiagnostic study of the lower extremities is requested in order to distinguish these entities. Regarding the requested NCV left lower extremity; there is no documentation of left-sided subjective/objective findings consistent with radiculopathy/nerve entrapment. Regarding the requested EMG left lower extremity; there is no documentation of left-sided subjective/objective findings consistent with radiculopathy/nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV 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- Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy with scoliosis. However, despite documentation that the patient's diagnosis of radiculopathy is not entirely clear, and that the possibility of peripheral nerve entrapment or neuropathy is present and therefore, neurodiagnostic study of the lower extremities is requested in order to distinguish these entities, there is no documentation of left-sided subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for NCV left lower extremity is not medically necessary.

NCV Right Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy with scoliosis. In addition there is documentation of right-sided subjective/objective findings consistent with neurologic dysfunction/radiculopathy. Furthermore, there is documentation that the patient's diagnosis of radiculopathy is not entirely clear, and that the possibility of peripheral nerve entrapment or neuropathy is present and therefore, neurodiagnostic study of the lower extremities is requested in order to distinguish these entities. Therefore, based on guidelines and a review of the evidence, the request for NCV right lower extremity is medically necessary.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy with scoliosis. However, despite documentation that the patient's diagnosis of radiculopathy is not entirely clear, and that the possibility of peripheral nerve entrapment or neuropathy is present and therefore, neurodiagnostic study of the lower extremities is requested in order to distinguish these entities, there is no documentation of left-sided subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for EMG left lower extremity is not medically necessary.