MAXIMUS Federal Services

Case Number:	CM14-0142098		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/10/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation 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 injured worker is a 39 year-old male with a date of injury of 5/29/2010. The patient's industrially related diagnoses include low back pain s/p L4-L5 decompression surgery. The injured worker had a lumbar MRI on 8/29/2013 that showed a 4-5 mm posterior bulge at L4-L5 and spine surgery on 1/28/2014 and completed postoperative PT for the lower back. The disputed issues are NCV of right lower extremity and NCV of left lower extremity. A utilization review determination on 8/2/2014 had noncertified these requests. The stated rationale for the denial of NCV of the bilateral lower was: "There is no indication of clinical radiculopathy. The exam contains minimal information. There is no x-ray or indication of postop conservative care like PT being done."

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV 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 ACOEM 2004: EMG legs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 303.

Decision rationale: With regard to NCS (nerve conduction studies) of the lower extremities, the update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica."On the progress report dated 6/16/2014 before the request for NCV (nerve conduction velocity) studies for bilateral lower extremities was made, the treating physician documented that the injured worker completed the post-operative physical therapy for the lower back and was to transition to a HEP (home exercise plan). The injured worker denied any interval injury. In the physical exam, the treating physician documented that the neurological examination of the lower extremities was intact. On the following progress report dated 7/28/2014, the treating physician documented a normal gait, no sciatic list or foot drop, and intact sensory and motor examinations of the lower extremities. There was no documentation that the injured worker reported any lower extremity symptoms and no documentation of lower extremity deficits on physical examination documented by the treating physician. Based on the ACOEM guidelines referenced above, there is insufficient clinical evidence to support the need for NCV of left lower extremity at this time. Therefore, NCV of left lower extremity is not medically necessary.

NCV 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 ACOEM 2004: EMG legs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 303.

Decision rationale: On the progress report dated 6/16/2014 before the request for NCV (nerve conduction velocity) studies for bilateral lower extremities was made, the treating physician documented that the injured worker completed the post-operative physical therapy for the lower back and was to transition to a HEP (home exercise plan). The injured worker denied any interval injury. In the physical exam, the treating physician documented that the neurological examination of the lower extremities was intact. On the following progress report dated 7/28/2014, the treating physician documented a normal gait, no sciatic list or foot drop, and intact sensory and motor examinations of the lower extremities. There was no documentation that the injured worker reported any lower extremity symptoms and no documentation of lower extremity deficits on physical examination documented by the treating physician. Based on the ACOEM guidelines referenced above, there is insufficient clinical evidence to support the need for NCV of right lower extremity at this time. Therefore, NCV of right lower extremity is not medically necessary.