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| Case Number: | CM14-0212555 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 07/30/2011 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 53 year old male with an injury date of 07/30/11. Based on the 09/25/14 progress report, the patient states that he has "difficulty running errands as walking and standing for prolonged periods of time which exacerbates his pain." He rates his pain as an 8-10/10 without medications and a 4-6/10 with medications. The 10/23/14 report indicates that he has flare-ups of his pain and rates his pain as a 5-6/10. The patient has thoracic back pain with radiation to the right flank. He has excessive fatigue, muscle weakness, drowsiness, difficulty walking, difficulty falling asleep, and difficulty remaining asleep. The 11/20/14 report states that the patient has low back pain and relief of sharp shooting stabbing pain with Oxycontin. He ambulates slowly with left antalgic gait, has a decreased range of motion of torso, has tenderness over the thoracic spine, and has sensory deficits in T4-7 dermatomes on the right side. He has a history of depression, anxiety, and hypertension. The 08/10/11 MRI of the lumbar spine revealed +T12-L2 disc space narrowing, +L2-5 facet hypertrophy, +L3-4 disc bulge with annular degeneration deforming thecal sac, and stenosis; +L4-5 DDD, disc herniation with annular tear, stenosis and foraminal encroachment; +L5-S1 DDD with annular tear with compression of exiting LT L5 nerve root. The patient's diagnoses include the following:LumbagoLumbar DDDPostlaminectomy syndromeSciaticaThoracic pain The utilization review determination being challenged is dated 12/01/14. Treatment reports are provided from 06/03/14- 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction study, bilateral lower extremitiesQty:4: 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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with thoracic back pain with radiation to the right flank, excessive fatigue, muscle weakness, drowsiness, difficulty walking, difficulty falling asleep, and difficulty remaining asleep. The request is for a NERVE CONDUCTION STUDY OF BILATERAL LOWER EXTREMITIES QTY: 4. He ambulates slowly with left antalgic gait, has a decreased range of motion of torso, has tenderness over the thoracic spine, and has sensory deficits in T4-7 dermatomes on the right side. Review of the reports provided do not indicate of any prior electrodiagnostic studies.MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy."In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. The treater does not raise any other concerns such as peripheral neuropathy nor is there any discussion on why the patient needs four (4) sets of NCV. The requested NCV of the bilateral lower extremities IS NOT medically necessary.

Nerve conduction study, bilateral lower extremitiesQty: 6: 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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with thoracic back pain with radiation to the right flank, excessive fatigue, muscle weakness, drowsiness, difficulty walking, difficulty falling asleep, and difficulty remaining asleep. The request is for a NERVE CONDUCTION STUDY OF BILATERAL LOWER EXTREMITIES QTY: 6. He ambulates slowly with left antalgic gait, has a decreased range of motion of torso, has tenderness over the thoracic spine, and has sensory deficits in T4-7 dermatomes on the right side. Review of the reports provided do not indicate of any prior electrodiagnostic studies.MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed

symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy."In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. The treater does not raise any other concerns such as peripheral neuropathy nor is there any discussion on why the patient needs six (6) sets of NCV. The requested NCV of the bilateral lower extremities IS NOT medically necessary.

EMG (Electromyography) of the bilateral lower extremitiesQty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62.

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

Decision rationale: The patient presents with thoracic back pain with radiation to the right flank, excessive fatigue, muscle weakness, drowsiness, difficulty walking, difficulty falling asleep, and difficulty remaining asleep. The request is for an ELECTROMYOGRAPHY OF BILATERAL LOWER EXTREMITIES QTY: 2. He ambulates slowly with left antalgic gait, has a decreased range of motion of torso, has tenderness over the thoracic spine, and has sensory deficits in T4-7 dermatomes on the right side. Review of the reports provided do not indicate of any prior electrodiagnostic studies. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, an EMG may be reasonable but the request is for two (2) sets of EMG. The request IS NOT medically necessary.