

Case Number:	CM15-0110545		
Date Assigned:	06/17/2015	Date of Injury:	01/13/2015
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on 1/13/15. The injured worker has complaints of limited range of motion in his lumbar spine due to pain that radiates down right leg. The documentation noted tenderness in the lumbosacral area. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and sciatica. Treatment to date has included norco; flexeril; epidural injections; ibuprofen; physical therapy; chiropractic treatment; magnetic resonance imaging (MRI) of the lumbar on 2/2/15 showed a 5.5 millimeter right sided protrusion at L4-5 and grade 1-2 spondylolisthesis at L5-S1 (sacroiliac) with vertical narrowing of the foramen worse on the left. The request was for nerve conduction velocity study of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the 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, Nerve Conduction Studies.

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 section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, left lower extremity NCV is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; lesion of sciatic nerve; and anxiety. The request for authorization is dated May 26, 2015. A progress note dated May 14, 2015 by the requesting physician does not contain subjective complaints of radiculopathy. Objectively, there is tenderness to palpation over the lumbar paraspinal muscle groups and spasm. There was positive straight leg raising, no objective evidence of radiculopathy. The primary treating provider (non- requesting provider) states there is low back pain that radiates to the right lower extremity. The requesting provider documentation does not contain subjective or objective evidence of radiculopathy. Consequently, absent clinical documentation with subjective and objective evidence of radicular discomfort/pain, left lower extremity NCV is not medically necessary.