

Case Number:	CM15-0064989		
Date Assigned:	04/13/2015	Date of Injury:	11/17/2002
Decision Date:	05/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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
 Certification(s)/Specialty: Emergency 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 68-year-old male, who sustained an industrial injury on 11/17/2002. He has reported injury to the low back. The diagnoses have included thoracic/lumbar neuritis/radiculitis; and lumbosacral neuritis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, aquatic therapy, physical therapy, and gym membership. Medications have included Norco and Ibuprofen. A progress note from the treating physician, dated 03/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lumbar spine pain with radiation down to the left plantar aspect of the foot to involve the entire bottom of the foot; right leg weakness; and medications, activity modification, and use of TENS unit are helpful. Objective findings included tightness with extension and rotation of the lumbar spine; and gait is moderately antalgic with a lurch to the right and with weakness on the right. The treatment plan has included the request for NCS (nerve conduction study) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of bilateral lower extremities: Upheld

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

Workers' Compensation (ODG-TWC), acute & chronic lumbar and thoracic spine complaints (updated 03/24/15), Nerve conduction studies (NCS), ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 303.

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

Decision rationale: The requested NCS of bilateral lower extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has lumbar spine pain with radiation down to the left plantar aspect of the foot to involve the entire bottom of the foot; right leg weakness. The treating physician has documented tightness with extension and rotation of the lumbar spine; and gait is moderately antalgic with a lurch to the right and with weakness on the right. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, NCS of bilateral lower extremities is not medically necessary.