

Case Number:	CM15-0078002		
Date Assigned:	04/29/2015	Date of Injury:	06/01/2011
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 6/01/2011, reported from lifting heavy objects at work. The injured worker was diagnosed as having lumbago. Treatment to date was not specified. On 12/11/2014, the injured worker complained of low back pain, radiating down the right leg, associated with numbness and tingling. Current medications included Neurontin. Exam noted normal light touch sensation over bilateral lower extremities and 5/5 motor in bilateral lower extremities, with intact reflexes. Electromyogram and nerve conduction studies of the bilateral lower extremities, with consult, were performed on 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS; 12.11.14) 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 Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient was injured on 06/01/11 and presents with low back pain radiating down the right leg and numbness/tingling in the right leg. The retrospective request is for a NCV of the right lower extremity (DOS: 12/1//14) to rule out any source of lumbar radiculopathy or focal compression neuropathy to explain her symptomatology. There is no date provided on the RFA form provided and the patient's work status is not provided. 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." She has a positive straight leg raise on the right and has back pain radiating down the right leg with associated paresthesias. She is diagnosed with lumbago. The treater would like a NCV of the right lower extremity to rule out any source of lumbar radiculopathy or focal compression neuropathy to explain her symptomatology. Review of the reports provided does not indicate if she had a prior NCV conducted. In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. Therefore, the requested NCV of the right lower extremity is not medically necessary.

Retro (DOS; 12.11.14) EMG 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 Official Disability Guidelines (ODG).

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

Decision rationale: The patient was injured on 06/01/11 and presents with low back pain radiating down the right leg and numbness/tingling in the right leg. The retrospective request is for an EMG of the left lower extremity (DOS: 12/1//14) to rule out any source of lumbar radiculopathy or focal compression neuropathy to explain her symptomatology. There is no date provided on the RFA form provided and the patient's work status is not provided. 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." She has a positive straight leg raise on the right and has back pain radiating down the right leg with associated paresthesias. She is diagnosed with lumbago. The treater would like an EMG of the left lower extremity to rule out any source of lumbar radiculopathy or focal compression neuropathy to explain her symptomatology. Review of the reports provided does not indicate if she had a prior EMG conducted. There is no discussion on why the patient needs an EMG on the left side, when the symptoms are on the right leg. The requested EMG of the left lower extremity is not medically necessary.

Retro (DOS; 12.11.14) 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 Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient was injured on 06/01/11 and presents with low back pain radiating down the right leg and numbness/tingling in the right leg. The retrospective request is for a NCV of the left lower extremity (DOS: 12/1//14) to rule out any source of lumbar radiculopathy or focal compression neuropathy to explain her symptomatology. There is no date provided on the RFA form provided and the patient's work status is not provided. 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." She has a positive straight leg raise on the right and has back pain radiating down the right leg with associated paresthesias. She is diagnosed with lumbago. The treater would like a NCV of the left lower extremity to rule out any source of lumbar radiculopathy or focal compression neuropathy to explain her symptomatology. Review of the reports provided does not indicate if she had a prior NCV conducted. In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. Furthermore, there is no discussion on why the patient needs a NCV on the left side, when the symptoms are on the right leg. The requested NCV of the left lower extremity is not medically necessary.