

Case Number:	CM13-0003517		
Date Assigned:	08/29/2014	Date of Injury:	01/30/2013
Decision Date:	10/02/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/25/2013

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year-old individual was reportedly injured on 1/30/2013. The mechanism of injury is not listed. The most recent progress note, dated 8/5/2013. Indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: no visible/palpable deformity, no tenderness, for range of motion distal neural vascularity intact. No recent diagnostic studies are available for review. Previous treatment includes medications, injections, chiropractic care, and conservative treatment. A request had been made for NCS of the bilateral lower extremities, and was not certified in the pre-authorization process on 7/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS (nerve conduction study) of the bilateral lower extremities by physiatrist #2: 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 ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - (updated 07/03/14).

Decision rationale: MTUS/ACOEM guidelines do not address this request. ODG does not recommend nerve conduction velocities (NCV) of the lower extremities for low back pain. After review the medical records there is no sufficient documentation justifying the need for this diagnostic study. Therefore this request is not medically necessary.