MAXIMUS Federal Services

Case Number:	CM13-0018182		
Date Assigned:	03/12/2014	Date of Injury:	06/01/2008
Decision Date:	11/24/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 50-year-old male with an injury date of 06/01/2008. According to the 04/26/2013 report, the patient has back pain, paraspinal spasm, and sciatica. The 07/03/2013 report, states that patient's range of motion has decreased by 25%. The 08/06/2013 report also indicates that the patient complains of lower back pain and leg pain to the foot. The patient's diagnoses include the following: 1. Back pain. 2. Pain, lower back. 3. Sciatic. The utilization review determination being challenged is dated 08/21/2013. Treatment reports were provided from 04/26/2013, 07/03/2013, and 08/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity testing of the Bilateral Lower Extremities: 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: Based on the 08/06/2013 progress report, the patient complains of having lower back pain as well as right leg pain. The request is for a nerve conduction velocity testing of the bilateral lower extremities. Review of the available reports does not show evidence of a prior NCV. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding the NCV studies: "not recommended." There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006). This systematic review and meta-analysis demonstrates that neurological testing procedures have limited overall, diagnostic accuracy, and detecting disk herniation with suspected radiculopathy (Al Nezari, 2013)." In this situation, NCV studies are not recommended per ODG Guidelines. Therefore, the request is not medically necessary.