

Case Number:	CM13-0019396		
Date Assigned:	10/11/2013	Date of Injury:	05/14/2012
Decision Date:	01/17/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 45 year old male who reported an injury on 05/14/2012. The mechanism of injury was a fall. He was initially diagnosed with low back pain and low back strain for which he received physical therapy of unknown duration and efficacy, and has continued a home exercise program. As per the most recent clinical note dated 08/01/2013, the patient was found to have decreased sensation to the L5 and S2 dermatomes on the left leg. His motor strength was 4/5 on the left lower extremity and his unofficial EMG (undated) resulted in probable abnormalities in the S1 and L5 regions. Results were limited due to the patient's inability to tolerate positions.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the right lower extremity (RLE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Nerve Conduction Studies.

Decision rationale: The California MTUS and ACOEM guidelines did not specifically address nerve conduction studies; therefore, the Official Disability Guidelines were supplemented.

According to guidelines, nerve conduction studies are not recommended in diagnosing radiculopathy in relation to low back pain. This is due to their limited ability to detect, specify, and confirm root injury. Therefore, the request for a nerve conduction study to the right lower extremity is non-certified.