

Case Number:	CM13-0033752		
Date Assigned:	12/06/2013	Date of Injury:	04/17/2008
Decision Date:	06/20/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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:

This patient is a 38 year old female with date of injury 4/17/08. The mechanism of injury is not described in the available medical records. The patient has complained of lower back pain since the date of injury. No surgeries have been reported to this reviewer. The patient has been treated with physical therapy and medications. There are no recent radiographic studies included for review. An MRI of the lumbar spine dated 02/2003 revealed degenerative disc disease of the lower thoracic and lumbar spine and central canal stenosis of the lower lumbar spine. Objective: decreased range of motion of the lumbar spine, positive straight leg raise on the left, tenderness to palpation of the L4-L5 spinous processes and paraspinal musculature, decreased sensation of the left lower extremity in an L4-L5 distribution extending to the great toe. Diagnoses: low back pain, sciatica. Treatment plan and request: Nerve conduction velocities for the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (NERVE CONDUCTION VELOCITY /STUDIES) FOR BILATERAL LOWER EXTREMITIES.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EMG with nerve conduction velocity studies Page(s): 303.

Decision rationale: This patient is a 38 year old female with chronic lower back pain since date of injury on 4/17/08. The patient has been treated with physical therapy and medications. The current request is for a nerve conduction velocity studies for the bilateral lower extremities. Per the MTUS guideline cited above, unequivocal objective (physical exam) findings that identify specific nerve compromise on neurologic physical examination are sufficient evidence to warrant imaging in patients who do not respond to conservative treatment. If the neurologic examination is less clear then further physical evidence of a nerve dysfunction (EMG with NCV) should be obtained before ordering an imaging study. This patient's physical exam dated 08/2013 clearly delineates sensory nerve compromise in an L4-L5 distribution. Per the MTUS guidelines cited and the provided medical documentation, a Nerve Conduction Velocity Test (NCV) for bilateral lower extremities is not indicated as medically necessary.