

Case Number:	CM14-0101225		
Date Assigned:	07/30/2014	Date of Injury:	02/23/2012
Decision Date:	10/14/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 38-year-old gentleman was reportedly injured on February 23, 2012. The mechanism of injury was stated to be repetitive bending at the waist. The most recent progress note, dated August 8, 2014, indicates that the injured employee is essentially unchanged from prior. There was stated to be a benefit with chiropractic care with approved ability to function. The physical examination of the lumbar spine indicated spasms and tenderness along the paraspinal muscles and decreased range of motion with pain. There was a positive bilateral straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, chiropractic care, and oral medications. A request had been made for nerve conduction velocity studies of the right and left lower extremities and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity 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 -Low Back

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: According to the Official Disability Guidelines nerve conduction studies of the lower extremities are not recommended. It is stated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Considering this, the request for nerve conduction velocity testing of the left and right lower extremity is not medically necessary.

Nerve Conduction Velocity 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 -Low Back

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: According to the Official Disability Guidelines nerve conduction studies of the lower extremities are not recommended. It is stated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Considering this, the request for nerve conduction velocity testing of the left and right lower extremity is not medically necessary.