

Case Number:	CM14-0014621		
Date Assigned:	02/28/2014	Date of Injury:	02/27/2012
Decision Date:	07/31/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 30-year-old male who has submitted a claim for lumbar spondylosis and bilateral hand pain associated with an industrial injury date of February 27, 2012. Medical records from 2012 to 2014 were reviewed. The patient complained of lower back pain. Physical examination showed decreased lumbar range of motion (ROM), negative SLR bilaterally, and a normal lower extremity neurologic exam bilaterally. Treatment to date has included nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, trigger point injections, home exercise programs, and physical therapy. Utilization review from January 3, 2014 denied the request for nerve conduction study, DOS 10/17/2012, because there were no neurologic deficits on physical examination that would raise suspicion for a lumbar radiculopathy or peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: NERVE CONDUCTION STUDY (NEURO SCAN) DOS 10/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Nerve Conduction Studies 2014.

Decision rationale: According to ODG, nerve conduction studies of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient complained of lower back pain. An MRI of the lumbar spine from April 26, 2012 showed a 2mm disc bulge at L1-2 and L4-5 as well as a 2-3mm disc bulge at L5-S1, without central or lateral spinal stenosis. Physical examination findings from October 1, 2012 were unremarkable. In addition, the request did not specify the body part to be tested. The request is incomplete, as is therefore, not medically necessary.