

Case Number:	CM14-0153996		
Date Assigned:	09/23/2014	Date of Injury:	02/18/2014
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 Neurosurgeon and is licensed to practice in Georgia and Virginia. 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 injured worker is a 49-year-old male who reported an injury on 02/08/2014. The mechanism of injury occurred due to a fall. The injured worker's diagnoses included cervicgia, headaches, and kyphosis. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic exams included an electronystagmography study. The injured worker's surgical history was not clearly indicated in the clinical notes. On 08/28/2014, the injured worker complained of neck pain and extreme anxiousness. He also stated that his paresthesia to his lower limbs was persistent. The physical exam revealed neurologically, the patient appears to be normal and his foraminal compression test was negative. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of a request for a psychological evaluation and the use of a nerve conduction velocity study. A request was received for 1 Nerve Conduction Velocity Studies of the Right Lower Extremity, as Outpatient. The rationale for the request is to evaluate the paresthesia of the lower limbs. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nerve Conduction Velocity Studies of the Right Lower Extremity, as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diagnostic Investigations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines recommend special studies such as, electromyography and nerve conduction velocity studies when there is an emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Based on the clinical notes the injured worker continued to participate in physical therapy with evidence of progression. On a physical therapy note dated 07/25/2014, the injured worker stated that "his mid back and neck pain was a lot better and that he was not robot stiff anymore." The use of Nerve Conduction Velocity studies is contingent on documentation indicating the injured worker failed a three- or four-week period of conservative care or evidence of red flags. The physical exam revealed that the injured worker was neurologically intact, although he had complaints of paresthesia into his lower limbs. However, the clinical notes failed to document definitive neurologic findings on the physical examination and evidence that he failed conservative care for at least 3-4 weeks. Therefore, the request is not supported. Thus, the request for 1 Nerve Conduction Velocity studies of the right lower extremity, as outpatient is not medically necessary.