

Case Number:	CM14-0022125		
Date Assigned:	05/30/2014	Date of Injury:	09/24/2013
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neurology, 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 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 is a 55 year-old man who injured his lower back at work on September 24, 2013. The patient has constant low back pain and burning pain into the right leg. The patient initially tried chiropractic manipulation and acupuncture. MRI scan of the back in November 2013 showed a four millimeter herniated disk at L4/L5 encroaching on the nerve roots. His exam showed a positive straight leg test on the right (which indicates a nerve root problem). Nerve conduction study was recommended by the patient's physician in June 2014 in order to confirm a nerve root dysfunction from the herniated disk.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The patient has a herniated disk visible on the MRI scan. In addition, the patient has complaints and exam findings consistent with nerve root dysfunction from the herniated disk, including pain down the right leg and a positive straight leg test on the right. The

patient's back pain has continued for several months. According to the ACOEM Guidelines referenced above, if there is no improvement after one month, EMG and NCV are recommended to clarify nerve root dysfunction (C recommendation). Therefore, given the patient's complaints, exam findings, MRI findings, and guidelines, it is the opinion of this reviewer that the NCV/EMG testing should be performed and is consistent with published guidelines.