

Case Number:	CM14-0034453		
Date Assigned:	06/20/2014	Date of Injury:	07/29/2004
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 injured worker is a 61-year-old female injured on July 29, 2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 5, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated pain with range of motion and tenderness over the paracervical muscles and trapezius muscles. Muscle spasms of the cervical spine were evident. Regarding the lumbar spine, it was noted that the injured employee had difficulty walking. There was decreased lumbar spine range of motion, guarding, and muscle spasms. The treatment plan was for physical therapy for the cervical spine. Prescriptions were written for Soma, Norco, Ambien, and Prilosec. A request had been made for a retrospective nerve conduction study and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (Date of Service: 08/15/13): Nerve Conduction Study (NCS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 12/27/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The injured employee has stated date of injury a decade ago, and there was no information provided regarding any change in the condition, which would necessitate the need for a nerve conduction study. Furthermore, the most recent examination, dated June 5, 2014, did not indicate an abnormal neurological examination of the upper or lower extremities. For these reasons, the request for a retrospective nerve conduction study is not medically necessary.