

Case Number:	CM14-0067638		
Date Assigned:	07/11/2014	Date of Injury:	03/20/2013
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Medicine, 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:

The injured worker is a 52 year old male whose date of injury is 03/20/2013. The mechanism of injury is described as lifting boxes. Note dated 02/13/14 indicates that the injured worker complains of pain in the low back. Diagnoses are low back pain with radiculopathy bilaterally at S1, and lumbar spine herniated disc at L5-S1. Treatment to date includes acupuncture and medication management. Prior utilization review modified a request and authorized EMG due to persistent symptoms suggestive of lumbar rai; however, it is reported that there is no indication for full nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 (NCS).

Decision rationale: The Official Disability Guidelines note that nerve conduction studies are not recommended. Prior utilization review modified a request and authorized EMG due to persistent

symptoms suggestive of lumbar rai; however, it is reported that there is no indication for full nerve conduction studies. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no current, detailed physical examination submitted for review. The injured worker reportedly underwent lumbar MRI scan; however, this report is not submitted for review. There is no additional significant clinical information provided to support a change in determination. Based on the clinical information provided, the request for NCV bilateral lower extremities is not recommended as medically necessary.