

Case Number:	CM14-0204394		
Date Assigned:	12/16/2014	Date of Injury:	09/25/2008
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice 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:

52-year-old male claimant sustained a work injury on September 25, 2008 involving the hips, wrists and low back. He was diagnosed with lumbar disc disease, fracture of the right forearm In carpal tunnel syndrome. He had undergone carpal tunnel release in March 2014. A progress note on 8/27/14 indicated the claimant had weakness , numbness and popping in the legs. He had completed physical therapy. Prior x-rays of the lumbar spine showed disc bulging in L3-S1, There was a partial compression fracture in L1. The physician continued pain medications and requested a nerve conduction study for the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain and NCS.

Decision rationale: According to the guidelines, a nerve conduction study (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The exam and x-rays explain the symptoms and an NCS would not change the treatment plan. The request for an NCS for the left leg is not medically necessary.

Nerve conduction study right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS and Low back pain.

Decision rationale: According to the guidelines, a nerve conduction study (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The exam and x-rays explain the symptoms and an NCS would not change the treatment plan. The request for an NCS for the left leg is not medically necessary.