

Case Number:	CM15-0140071		
Date Assigned:	07/29/2015	Date of Injury:	08/13/2013
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 73 year old male who experienced a work related injury on August 13, 2013. Symptoms included neck and back pain with burning, numbness, tingling and radiating pain. Diagnoses included cervical and lumbar radiculopathy, bilateral wrist tenosynovitis. Imaging included a lumbar MRI on April 9, 2014 revealing multiple levels of lumbar disc herniation and a cervical spine MRI performed on October 2, 2013 which showed spondylosis and disc protrusions. Request is for a Nerve conduction velocity study.

IMR ISSUES, DECISIONS AND RATIONALES

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

(NCV) Nerve Conduction Velocity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: Records review showed the injured worker has experienced paresthesia and radicular symptoms. Guidelines state nerve conduction studies may help identify subtle focal neurologic dysfunction which may aid in confirming diagnoses and subsequent care. Therefore, the request for a nerve conduction velocity study is medically necessary and appropriate.