

Case Number:	CM14-0166184		
Date Assigned:	10/13/2014	Date of Injury:	06/20/2014
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management 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 54-year-old female with a date of injury on June 20, 2014. The listed diagnoses are lumbar spine sprain/strain, bilateral hip pain, left foot pain, and rule out phlebitis right lower extremity. The documented physical examination findings per the July 17, 2014 progress report for the lumbar spine are remarkable for tenderness of the paraspinal muscles, sciatic notch, and sacroiliac joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back (updated 08/22/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS)

Decision rationale: According to the American College of Occupational and Environmental Medicine guidelines and the Official Disability Guidelines (ODG), electromyography may be useful to identify subtle, focal neurological deficits in workers with low back pain symptoms

lasting more than 3-4 weeks. Absent documentation of subjective complaints and objective findings suggestive of neurological compromise, appropriateness for the submitted request has not been established. Therefore, the requested nerve conduction velocity test is not medically necessary.