

Case Number:	CM14-0098135		
Date Assigned:	07/28/2014	Date of Injury:	07/16/2010
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 records presented for review indicate that this 60 year-old male was reportedly injured on 07/16/2010. The most recent progress note, dated 05/12/2014, indicates that there are ongoing complaints of low back pain. The physical examination is handwritten and states "unchanged". The physical examination from 3/17/2014 is handwritten and only partially legible. It states reflexes 2/4. Positive tenderness right lumbar spine, and right sciatic notch. Otherwise unable to determine what is documented. Diagnostic imaging studies include an MRI of the lumbar spine dated 5/7/2014 which revealed narrowing of the sub articular recess at L4-L5 due to central disc protrusion. X-rays taken same date of service documented satisfactory sagittal and coronal alignment. Flexion/extension views show no instability. Degeneration at L3-S1 disc levels. Previous treatment includes medications, and conservative treatment. A request had been made for NCV of the Right and Left Lower Extremity, and was not certified in the pre-authorization process on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction studies of the 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-Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - (updated 07/03/14).

Decision rationale: MTUS/ACOEM guidelines do not address this request. ODG does not recommend nerve conduction velocities (NCV) of the lower extremities for low back pain. As such, this request is considered not medically necessary.

Nerve conduction studies of the 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-Low back- Nerve conduction studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - (updated 07/03/14).

Decision rationale: MTUS/ACOEM guidelines do not address this request. ODG does not recommend nerve conduction velocities (NCV) of the lower extremities for low back pain. As such, this request is considered not medically necessary.