

Case Number:	CM15-0015934		
Date Assigned:	02/05/2015	Date of Injury:	06/26/2014
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62-year-old male, who sustained an industrial injury on June 26, 2014. He has reported lower back pain and leg pain. The diagnoses have included lumbar spine strain/sprain with bilateral leg pain. Treatment to date has included medications and chiropractic treatments. A progress note dated November 8, 2014 indicates a chief complaint of continued lower back pain with bilateral leg pain. The pain score was rated at 7-9/10 on a scale of 0 to 10. The injured worker was noted to have stiffness with movement. The objective findings noted are normal motor, power, and sensory tests of the lower extremity. The treating physician is requesting voltage-actuated sensory nerve conduction threshold for the lumbar spine. On January 8, 2015, Utilization Review denied the request citing the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT Voltage-Acuated Sensory Nerve Conduction Threshold to Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5
Page(s): 21, 46. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines that nerve conduction studies can be utilized for the investigation of low back pain with neurological deficits. The records did not indicate the presence of neurological abnormalities associated with the chronic low back pain. The clinical examination for motor, power, and sensory tests of the lower extremities was reported as normal. The patient was responding to conservative management. The criteria for VSNCT Voltage-Adjusted Nerve Sensory Conduction Threshold of Lumbar Spine was not met.