

Case Number:	CM13-0012583		
Date Assigned:	10/01/2013	Date of Injury:	06/02/2004
Decision Date:	01/15/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic surgery, 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 physician 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 patient is a 66-year-old gentleman injured on 06/02/04. Clinical records for review indicate the current diagnosis of chronic low back pain with radiating pain to the right leg. The clinical imaging is not available for review. The most recent clinical assessment for review on 06/19/13 indicated recent treatment has included chiropractic care and medication management. Formal physical examination findings at that date were not noted. A follow up on 07/15/13 demonstrated objective findings to have included restricted lumbar range of motion, positive straight leg raising, positive trigger points over the T10-T12 levels and paraspinal spasm. At that time, voltage actuated sensory nerve conduction threshold testing was recommended for further assessment in this case. As stated, further clinical imaging is not documented for formal review. The previous reports do indicate that MRI scans dating back as far as 2004 showed L5-S1 disc extrusion with right S1 nerve root impingement. It was also stated previous electrodiagnostic studies have been performed in 2005 that showed an abnormal pattern consistent with a right L5-S1 radiculopathy. Other forms of conservative treatment are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 voltage-actuated sensory nerve conduction threshold between 7/15/2013 and 9/24/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Neck procedure.

Decision rationale: The California MTUS ACOEM Guidelines address Surface EMG and F-wave tests (C) indicating that with respect to these tests there is "limited research-based evidence (at least one adequate scientific study of patients with low back complaints." When looking at Official Disability Guidelines criteria, the perception threshold neurosensitive testing is specifically addressed and is not supported by guidelines as there is no clinical criteria demonstrating that quantitative test is noted to be beneficial as a diagnostic indicator. Based on both the CA MTUS ACOEM and Official Disability Guidelines, the requested 1 voltage-actuated sensory nerve conduction threshold between 7/15/2013 and 9/24/2013 is not medically necessary and appropriate.