

Case Number:	CM13-0017956		
Date Assigned:	10/11/2013	Date of Injury:	08/06/2002
Decision Date:	06/25/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/28/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43 year old with an injury date on 8/6/02. Based on the 8/7/13 progress report provided by [REDACTED] the diagnoses are: lumbosacral neuritis; sprain lumbar region; and chondromalacia patellae. Exam on 8/7/13 showed normal gait, tenderness to palpation in L-spine, right knee patellofemoral regression, positive straight leg raise test right greater than left, decreased sensation in toes. [REDACTED] is requesting prospective request for 1 office visit/follow up with physician, prospective request for 1 current potential threshold (CPT) diagnostic test, prospective request for 1 graph (diagnostic test). The utilization review determination being challenged is dated 8/20/13 and rejects all requests pending clarification of abbreviation CPT. [REDACTED] is the requesting provider, and he provided treatment reports from 1/21/13 to 8/7/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 OFFICE VISIT/FOLLOW-UP WITH PHYSICIAN:

Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

Decision rationale: This patient presents with lower back pain, numbness in feet when standing, right knee pain when using stairs. The treating physician has asked an office visit/follow up with physician on 8/7/13. The patient has had 6 office visits to orthopedic surgeon from 1/23/13 to 8/7/13. Regarding Office Visits, ODG recommends as determined to be medically necessary based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Given patient's chronic back condition and knee pain, follow up visit with orthopedic surgeon is reasonable and medically necessary.

PROSPECTIVE REQUEST FOR 1 CURRENT POTENTIAL THRESHOLD (CPT) DIAGNOSTIC TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, Current Perception Threshold testing.

Decision rationale: Current perception threshold (CPT) testing is not recommended by ODG, due to a lack of research demonstrating efficacy compared to standard quantitative methods of sensory testing. In this case, the treating physician has asked for 1 current potential threshold (CPT) diagnostic test but ODG guidelines do not recommend their use. Therefore, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 GRAPH (DIAGNOSTIC TEST): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LUMBAR CHAPTER

Decision rationale: This patient presents with lower back pain, numbness in feet when standing, right knee pain when using stairs. The treater has asked prospective request for 1 graph (diagnostic test) on 8/7/13, ostensibly a graph to display results of CPT (current perception threshold) test. The RFA included CPT testing and graph together. Current perception threshold (CPT) testing is not recommended by ODG, due to a lack of research demonstrating efficacy compared to standard quantitative methods of sensory testing. In this case, the treater has asked for prospective request for 1 graph (diagnostic test). Since CPT testing is not recommended by ODG guidelines, a graph displaying results of CPT test is also not considered medically necessary. Recommendation is for denial.

