

Case Number:	CM13-0059628		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2013
Decision Date:	04/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Medicine and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 11/11/2013. The mechanism of injury was emotional stress secondary to verbal threats by a criminal defendant. The patient claims worsening of psychological symptoms and aggravation of his type II diabetes secondary to this incident. He was initially diagnosed with situational stress and anxiety and prescribed medications to help calm his symptoms. The patient was later ruled to be emotionally unstable and removed from his work duties. The patient has received multiple testing in relation to his hypertension and diabetic diagnoses. The patient received extensive psychological treatment and was released to full duty with no restrictions on 10/08/2013. As the clinical note dated 10/08/2013 is the most recent note submitted for review and it is largely illegible, the patient's current symptoms are not known.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV to rule out diabetic peripheral neuropathy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Diabetes, Diabetic Neuropathy

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not specifically address the need for NCV testing for diabetic neuropathy; therefore, Official Disability Guidelines were supplemented. Official Disability Guidelines state diagnosing diabetic neuropathy requires the performance of several tests to rule out other causes of neuropathic symptoms. Tests that are recommended in diagnosing diabetic neuropathy include vibration perception, pressure sensation, ankle reflexes, and pinprick. Only if results of these tests are in doubt should a nerve conduction test be performed to establish a firm diagnosis. The clinical information submitted for review did not provide any evidence that these other clinical tests have been performed and found to be inconclusive. The only mention of possible neuropathic symptoms occurred on the 10/08/2013 clinical note where the patient had subjective complaints of apparent numbness to the bilateral feet; there was no physical exam performed. As such, the medical necessity for this request has not been established and therefore, the request for NCV to rule out diabetic peripheral neuropathy is non-certified.