

Case Number:	CM13-0071937		
Date Assigned:	01/08/2014	Date of Injury:	06/21/2013
Decision Date:	04/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 06/21/2013. The mechanism of injury was noted to be the patient was pushing a laundry cart and developed back pain. The electrodiagnostic report of 12/06/2013 revealed the patient had electrodiagnostic evidence consistent with bilateral lower extremities sensory and motor polyneuropathy and there was no electrodiagnostic evidence of lumbar axonal motor radiculopathy or lumbosacral plexopathy. The EMG results did not exclude the possibility of lumbar sensory radiculitis. The patient had an MRI on 08/26/2013 which revealed multiple disc bulges. Physical examination of 11/07/2013 revealed the patient had neck pain that had improved 40% with a trial of therapy. The patient had weakness in her right leg and pain radiating from the low back into the right posterior thigh. The patient additionally was noted to have completed authorized sessions of chiropractic care. The patient had a positive straight leg raise on the right at 45 degrees and a positive seated straight leg raise on the right. The patient had sensation that was decreased in the right leg in a global distribution. The patient's strength was 3/5 in the right EHL and 4/5 in the right tibialis anticus. The patient's diagnoses included lumbar disc displacement without myelopathy and neck sprain/strain. The request per the DWC Form RFA of 12/11/2013 was for a neurologic evaluation and testing to determine the etiology of the bilateral sensory and motor neuropathy identified on the electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGICAL EVALUATION AND TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: California MTUS Guidelines recommend referrals to specialists and indicate that upon ruling out a potentially serious condition and conservative management has been provided, if the complain persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the patient had objective physical findings, as well as diagnostic findings. The request as submitted was for a neurologic evaluation and testing. The neurological evaluation would be supported. However, there is lack of documentation indicating the testing that would need to be performed as that would be decided by the neurologist once the evaluation had taken place. Given the above, the request for neurologic evaluation and testing is not medically necessary.