

Case Number:	CM14-0019360		
Date Assigned:	06/13/2014	Date of Injury:	08/06/2013
Decision Date:	07/28/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in Florida, New York and 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 injured worker is a 45-year-old male who reported an injury on 08/06/2013. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar spondylolisthesis, lumbar spondylosis, lumbar radiculopathy, and lumbar disc protrusion. The clinical note dated 12/20/2013 reported the injured worker complained of sleep apnea, abdominal pain, and numbness. The injured worker reported awakening at least 10 times per night. Upon the physical examination the provider noted the injured worker presented with low symptomatic response to stand, suggesting possible SW alpha adrenergic and a possible risk of orthostatis. The provider noted the cardiorespiratory diagnostic study the injured worker had low symptomatic response to DB suggesting possible autonomic dysfunction. He also indicated the injured worker had a low sympathetic response to valsalva suggesting possible autonomic dysfunction, and abnormal changes in heart rate. The provider requested for a narrow physiologic testing; however, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NEUROPHYSIOLOGIC TESTING FOR DATE OF SERVICE 12/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Autonomic Test Battery, Diagnostic Tests and Diabetic Neuropathy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, electrodiagnostic studies.

Decision rationale: The request for a retrospective request for neurophysiologic testing is not medically necessary. The injured worker complained of sleep apnea, abdominal pain, and numbness. He also noted he is awakened at night at least 10 times per night. Official Disability Guidelines recommend electrodiagnostic studies to distinguish the voluntary capacity of a muscle spasm from spastic reaction in order to better plan specific rehabilitative treatment, to diagnose a disordered muscle tone myelography, to determine an individual's more specific level of neurologic functioning in moderate to severe TBI, including the minimal responsiveness or vegetative state of the brain stem auditory evoked response may be used to assess damage of the brain stem, midbrain and other neural structures that govern healing and/or balance. Visual evoked potential may be indicated in the event of compromised acuity of visual field defect. The guidelines do not recommend an electroretinogram, cognitive event related potential, and somatosensory evoked potential as they provide information that has already been obtained through other diagnostic procedures. There is a lack of documentation indicating the injured worker had undergone the recommended testing. There is a lack of objective clinical findings warranting the medical necessity for a neurophysiologic testing. Therefore, the retrospective request for neurophysiologic testing is not medically necessary.