

Case Number:	CM14-0162105		
Date Assigned:	10/07/2014	Date of Injury:	07/07/2011
Decision Date:	12/16/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 Neurology 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 Injured Worker (IW) is a 45 year old female with a date of injury of 7/07/11. The injured worker is reported to have low back pain with burning dysesthesia of both legs and feet in a stocking glove distribution. The IW also reports that prolonged sitting causes right lower extremity radicular symptoms. The IW was initially evaluated by a Neurologist on 4/8/14 and her neurological examination is as follows: The motor exam is notable for a slight decrease in left knee flexion power (4+/5) and bilateral extensor hallicus longus weakness of (4+/5). The IW also has an absent patellar reflex on the left with only a trace reflex on the right. The sensory exam is notable for diminished light touch throughout both feet in a stocking distribution to the lower legs, left more than right. There is also notable allodynia and touch dysesthesia. An EMG and nerve conduction study from 6/4/13 is referenced during this exam as well. The EMG reveals bilateral radiculopathy at the L4, L5, and S1 levels. The nerve conduction portion is notable for unobtainable distal latencies of both the left and right posterior tibial nerve and left peroneal nerve. The latencies of the left plantar nerves and right sural nerve were also unobtainable. A previous request for a Neurological consultation was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The IW has already had an EMG and Nerve Conduction study performed of the bilateral lower extremities and based on the duration of the symptoms (greater than one month) it was an appropriate study to obtain based on the complexity of the presentation. The results indicate the underlying etiology may involve small nerve fiber pathology and radicular pain. Although the EMG and Nerve conduction study has already been performed, the interpretation of the study performed is part of the scope of care of a Neurologist. In addition, the IW will need additional laboratory testing to fully elucidate the etiology of the neuropathy. A request for an additional consultation with a Neurologist is medically necessary.