

Case Number:	CM14-0036680		
Date Assigned:	06/25/2014	Date of Injury:	08/15/2007
Decision Date:	08/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral wrist, shoulder, and low back pain reportedly associated with an industrial injury of August 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 27, 2014, the claims administrator retrospectively denied a request for sensory nerve conduction testing. Somewhat incongruously, the claims administrator cited the MTUS Acupuncture Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a February 23, 2013 progress note, the applicant was described as already permanent and stationary. The applicant was apparently not working with permanent limitations in place. Persistent complaints of low back pain radiating to the bilateral lower extremities were appreciated. The applicant did nevertheless exhibit 5/5 upper extremity strength, suggested by the note, was handwritten, not entirely legible, and difficult to follow. Various topical compounds and creams were endorsed. On January 26, 2013, the applicant was asked to consider a sacroiliac support on her left hip, greater trochanteric bursa injection. It appears that authorization for sensory nerve conduction testing was later sought. On January 3, 2013, the applicant was described having persistent complaints of low back pain and SI joint pain, radiating to the left leg. The applicant had not received much improvement from two earlier SI joint injections. The applicant exhibited an antalgic gait in an otherwise nonfocal neurologic exam. A new MRI of lumbar spine was sought at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Vs-NCT sensory nerve testing: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): table 14-6, 377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies without compelling clinical evidence of an entrapment neuropathy or tarsal tunnel syndrome is "not recommended." In this case, there is no clear or compelling evidence of lower extremity sensory neuropathy. There is no evidence that the applicant carries a diagnosis such as diabetes, hypertension, hypothyroidism which would lend itself toward development of a lower extremity peripheral neuropathy. No rationale for pursuit of the sensory nerve conduction testing was proffered by the attending provider. It appears, based on the information on file that the applicant carries a primary diagnosis of sacroiliac joint pain versus lumbar radiculopathy. It is unclear what role sensory nerve conduction testing would serve in the further evaluation of the same. Therefore, the request is not medically necessary.