

Case Number:	CM14-0078098		
Date Assigned:	07/18/2014	Date of Injury:	02/19/2012
Decision Date:	10/01/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family 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 injured worker is a 52 year old female who sustained an injury to her bilateral upper/lower extremities on 02/19/12 while carrying a full tray loaded with dirty dishes when bending down to place the tray on a bottom shelf from a higher shelf, she felt a popping sensation in her low back and experienced immediate low back pain. Plain radiographs were performed that revealed no evidence of bony injury. She was placed on modified duty, treated with medications, physical therapy and given a lumbar support. She quit work on 03/07/12 and was treated conservatively with medication and 10 chiropractic visits. Electrodiagnostic studies dated 06/06/12 revealed no evidence of lumbosacral spine radiculopathy; no findings of any lower limb neuropathies. Electrodiagnostic studies of the bilateral upper extremities noted electrodiagnostic evidence of right demyelinating median mononeuropathy across the wrist affecting the sensory, but not the motor components and there were no signs of axonal loss; no signs of prior denervation and subsequent reinnervation to the median enervated distal musculature; these findings were consistent with mild right carpal tunnel syndrome. The injured worker should wear a brace at night and avoid pushing with her hand in extended position; no evidence of suggested cervical spine radiculopathy or plexopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction studies of the lower extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS)

Decision rationale: The request for NCS of bilateral lower extremities is not medically necessary. Previous request was denied on the basis that the injured worker has right lower extremity findings consistent with radiculopathy and MRI findings which support this. Electrodiagnostic testing is indicated when neurological diagnosis in question; however, in this case, it is clinically obvious. The injured worker had no complaints referable to the left upper extremity or the left lower extremity; therefore, the requested nerve studies of the bilateral upper extremities and lower extremities were not deemed as medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for NCS of bilateral lower extremities is not indicated as medically necessary.

Nerve conduction study of the upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, wrist and Hand electromyography studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS)

Decision rationale: The injured worker is a 52 year old female who sustained an injury to her bilateral upper/lower extremities on 02/19/12 while carrying a full tray loaded with dirty dishes when bending down to place the tray on a bottom shelf from a higher shelf, she felt a popping sensation in her low back and experienced immediate low back pain. Plain radiographs were performed that revealed no evidence of bony injury. She was placed on modified duty, treated with medications, physical therapy and given a lumbar support. She quit work on 03/07/12 and was treated conservatively with medication and 10 chiropractic visits. Electrodiagnostic studies dated 06/06/12 revealed no evidence of lumbosacral spine radiculopathy; no findings of any lower limb neuropathies. Electrodiagnostic studies of the bilateral upper extremities noted electrodiagnostic evidence of right demyelinating median mononeuropathy across the wrist affecting the sensory, but not the motor components and there were no signs of axonal loss; no signs of prior denervation and subsequent reinnervation to the median enervated distal musculature; these findings were consistent with mild right carpal tunnel syndrome. The injured worker should wear a brace at night and avoid pushing with her hand in extended position; no evidence of suggested cervical spine radiculopathy or plexopathy.

