

Case Number:	CM14-0099096		
Date Assigned:	07/28/2014	Date of Injury:	05/12/2014
Decision Date:	10/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 34 year old male who sustained an injury on 5/12/14 to his low back while lifting boxes. The injured worker presented to the clinic on 05/12/14 for evaluation and treatment of low back injury he suffered earlier in the morning. The injured worker was given a Kenalog injection and prescription to Naproxen. The injured worker was placed off work for the remainder of the day and returned to work the following day. Plain radiographs were normal. Progress report dated 05/27/14 reported that the injured worker stated his thoracic spine was completely better. He was still having some pain/tightening tightness of the lumbar spine physical examination noted lumbar spine pain to palpation over the lower lumbar paravertebrals with no palpable spasm; range of motion limited in flexion, fingertips to upper angle ankles with mild pain; 2+ deep tendon reflexes at the Achilles and patellae bilaterally; normal EHL strength bilaterally; negative straight leg raise bilaterally. The injured worker was diagnosed with lumbar sprain that was improving and thoracic spine sprain that had resolved. The injured worker was recommended to attend four chiropractic visits and continued modified duty with restrictions. The injured worker was to be reevaluated on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltage Actuated Sensory Nerve Conduction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 6/10/14); Nerve conduction studies (NCS)

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, Electromyography (EMGs)

Decision rationale: The request for voltage actuated sensory nerve conduction is not medically necessary. Previous request was denied on the basis that based on the clinical documentation submitted for review and using evidence based, peer referenced guideline, the request was not deemed as medically appropriate. The Official Disability Guidelines state that EMG may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative treatment, but EMGs are not necessary if radiculopathy is clinically obvious. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the patient's response to any previous conservative treatment. There was no indication that the injured worker underwent the recommended four chiropractic manipulation visits ordered by the treating physician. There was no indication that the injured worker was actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for voltage actuated sensory nerve conduction is not indicated as medically necessary.