

Case Number:	CM13-0022799		
Date Assigned:	11/13/2013	Date of Injury:	06/30/1993
Decision Date:	05/15/2015	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 64-year-old male who reported an injury on 6/30/1993. The mechanism of injury was not stated. The injured worker is diagnosed with lumbar spine hardware pain. The only clinical documentation submitted for this review is an operative summary dated 08/02/2014. It is noted that the injured worker underwent hardware removal with fusion inspection. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) WALKER BETWEEN 8/9/2013 AND 10/10/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines.

Decision rationale: As the injured worker's surgical procedure has evidently been authorized, the associated request is medically necessary. The ODG guidelines note that walking aids are recommended especially in individuals who have bilateral disease problems. The request is medically necessary.

ONE (1) NCV STUDY OF THE BILATERAL LOWER EXTREMITIES BETWEEN 8/9/2013 AND 10/10/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has evidently been authorized, the associated request is also medically necessary. The California MTUS guidelines note that electrophysiological studies can often help in the diagnosis of subtle changes indicative of neurological dysfunction. Thus the NCV of the lower extremities may help. On the other hand in the light of obvious radiculopathy the guidelines do not recommend nerve conduction studies. The request is medically necessary.