

Case Number:	CM13-0063809		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2013
Decision Date:	01/02/2015	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Family Practice 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:

57 yr. old female claimant sustained a work injury on 8/23/13 involving the low back. She was diagnosed with lumbar strain. A progress note on 10/28/13 indicated the claimant had reduced mobility of the lumbar spine, tenderness to palpation in the lumbar paraspinal region and a positive Kemp's sign. The physician requested 12 sessions of chiropractic therapy which would include VSNCT of the lumbar spine and a functional capacity . A functional capacity evaluation was performed on 11/1/13 evaluation which analyzed activity associated aggravations of pain and functional limitations. An electrophysiological study on 11/11/13 was consistent with S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT (Voltage Actuated Sensory Nerve Conduction Threshold) Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain, Low Back and Knee,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve conduction studies

Decision rationale: VSNCT or Voltage actuated nerve conduction studies of the lumbar spine. According to the guidelines, nerve conduction studies are not recommended due to limited accuracy. In addition, the need for testing was not specified in the clinical notes. The VSNCT of the lumbar spine was not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain, Low Back,

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 175, Chronic Pain Treatment Guidelines Functional Capacity Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation was not medically necessary.