

Case Number:	CM14-0213948		
Date Assigned:	12/31/2014	Date of Injury:	12/13/2013
Decision Date:	05/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 13, 2013. In a Utilization Review report dated November 26, 2014, the claims administrator failed to approve requests for voltage-actuated sensory nerve conduction testing of the lumbar spine and 12 sessions of chiropractic manipulative therapy. The claims administrator referenced a progress note dated October 16, 2014 in its determination. The claims administrator seemingly suggested that the applicant had had previous manipulative therapy and massage therapy, without benefit. The claims administrator referenced non-MTUS ODG guidelines on nerve conduction testing in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 16, 2014, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. The note comprised almost entirely of preprinted checkboxes, with little-to-no narrative commentary. It was suggested that the applicant was using Norco, Soma, and tramadol. It was suggested that the applicant had received manipulative therapy and physical therapy. It was also stated that the applicant was represented. The applicant was given an interferential unit and asked to employ dietary supplements. Nerve conduction testing was also endorsed, as well as a baseline functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request in question did represent a request for a renewal or extension of previously ordered chiropractic manipulative therapy. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was off of work, on total temporary disability, as of October 16, 2014, the date of the request. It did not appear, thus, that earlier chiropractic manipulative therapy had, in fact, proven successful. Therefore, the request was not medically necessary.

Voltage actuated sensory nerve conductive threshold (VSNCT) for the lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back and Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain, Diagnostic / Treatment Considerations, Diagnostic Testing, Electromyography Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for voltage-actuated sensory nerve conduction testing of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, the routine usage of electrical studies of ankle and foot is not recommended in absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Similarly, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause. Here, however, there was no mention of suspicion of the applicant's carrying a diagnosis such as tarsal tunnel syndrome, entrapment neuropathy, diabetic neuropathy, generalized peripheral neuropathy, etc. Therefore, the request was not medically necessary.

