

Case Number:	CM15-0007266		
Date Assigned:	01/22/2015	Date of Injury:	11/30/2011
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 11/30/2011. A prior request was made for a nerve conduction study of the bilateral lower extremities and an initial functional restoration program evaluation. The injured worker had previously undergone bilateral carpal tunnel release procedures and had also been diagnosed with left sided L3 radiculopathy and multilevel annular tears in the lumbar spine. She was noted to have radicular symptoms on examination as of 12/30/2014 and had undergone a motor nerve study on that date. She also underwent a sensory nerve study and an H reflex study, as well as an EMG. The impression indicated electrodiagnostic evidence of a left L4 radiculopathy. There was no electrodiagnostic evidence of right lumbosacral radiculopathy or right or left lumbosacral plexopathy with mild evidence of left sural mononeuropathy, likely an incidental finding. The injured worker had been diagnosed with lumbar disc displacement without myelopathy and cervical disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Studies (NCV) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic

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 Official Disability Guidelines have been referred to and indicate that there is minimal justification for an injured worker to undergo a nerve conduction study if they already have clinical symptoms and findings of radiculopathy on examination. Additionally, the injured worker had already undergone a prior electrodiagnostic study in 12/2014 with no rationale for undergoing an additional study at this time. Therefore, the request is not deemed medically necessary.

Initial Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Restoration Programs (FRPs) Page(s): 49; 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biopsychosocial model of chronic pain Page(s): 25.

Decision rationale: The California MTUS Guidelines have indicated that injured workers do not necessitate undergoing a functional restoration program or evaluation if there is still indication of further treatment to be rendered. The treating physician has requested further diagnostic studies, and it is indicated that the injured worker has not exhausted all conservative modalities of treatment prior to requesting the functional restoration program. Therefore, the request is not deemed medically necessary.