

Case Number:	CM15-0182534		
Date Assigned:	09/23/2015	Date of Injury:	12/03/2014
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, 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 injured worker is a 58 year old male, who sustained an industrial injury on December 3, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical herniated disc and lumbar herniated disc. Treatment to date has included diagnostic studies, surgery, physical therapy, occupational therapy and medication. On August 26, 2015, the injured worker complained of back pain. He stated that his neck pain was "good." Physical therapy and rehab were reported to help him. The treatment plan included an extension of his physical therapy and nerve conduction study of the lower extremities to assess his lower extremity weakness and pain. On September 9, 2015, utilization review denied a request for NCS left lower extremity and NCS right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS left lower extremity: 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) Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. Key case observations are as follows. The claimant was injured in 2014 with reported cervical and lumbar herniated disc. As of August, there was back pain. There was lower extremity weakness and pain reported, but no dermatomal information, and no focal neurologic signs or symptoms. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, or further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal or definitive dermatomal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately not medically necessary.

NCS right lower extremity: 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) Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. As shared, key case observations are as follows. The claimant was injured in 2014 with reported cervical and lumbar herniated disc. As of August, there was back pain. There was lower extremity weakness and pain reported, but no dermatomal information, and no focal neurologic signs or symptoms. As noted in the accompanying review, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal or definitive dermatomal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately not medically necessary.