

Case Number:	CM15-0087767		
Date Assigned:	05/11/2015	Date of Injury:	12/18/2014
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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

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 46 year old male who sustained an industrial injury on 12/18/2014. His diagnoses, and/or impressions, are noted to include: thoracic, lumbar and cervical spine strain; cervical and lumbar radiculopathy; sprain of neck and neuralgia. Recent x-rays are noted on 12/18/2014 and recent magnetic imaging studies are noted on 2/19/2015. His treatments have included physical therapy and modalities; medication management; rest from work and modified work duties. Recent history notes an in-completed magnetic resonance imaging study of the lumbar spine due to it not being authorized versus intolerance to the machine. Progress notes of 3/10/2015 reported neck and low back pain as well as right upper and lower extremity radiculopathy. The initial report of occupational injury, dated 4/10/2015, reported constant neck pain with radiation into the bilateral arms, associated with numbness/tingling in the hands that is aggravated by activity; along with constant low back pain with radiation into the right leg, associated with intermittent numbness/tingling, aggravated by activity and sitting. The objective findings were noted tenderness with guarded and decreased range-of-motion of the cervical and lumbar spine, and slight difficulty with heel-to-toe walking. The physician's requests for treatments were noted to include physical nerve conduction velocity studies of the bilateral lower extremities to rule-out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, page 309.

Decision rationale: Submitted reports have not demonstrated any specific neurological deficits defined or conclusive imaging identifying possible neurological compromise of foraminal, central canal stenosis, or nerve root impingement with correlating myotomal/dermatomal pattern. Additionally, the presumed diagnosis and treatment is radiculopathy; hence, NCS without suspicion or clinical findings of entrapment syndrome has not been established to meet guidelines criteria. The NCV of the right lower extremity is not medically necessary and appropriate.

NCV of the 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, page 309.

Decision rationale: Submitted reports have not demonstrated any specific neurological deficits defined or conclusive imaging identifying possible neurological compromise of foraminal, central canal stenosis, or nerve root impingement with correlating myotomal/dermatomal pattern. Additionally, the presumed diagnosis and treatment is radiculopathy; hence, NCS without suspicion or clinical findings of entrapment syndrome has not been established to meet guidelines criteria. The NCV of the left lower extremity is not medically necessary and appropriate.