

Case Number:	CM14-0117241		
Date Assigned:	09/23/2014	Date of Injury:	09/09/1997
Decision Date:	10/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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:

The patient is a 70 year old male who was injured on 09/09/1997. The mechanism of injury is unknown. Prior treatment history has included TENS unit and home exercise program. According to the UR, the patient was seen on 12/28/2012 for moderate to severe low back pain as well as left lower extremity radiculopathy. He had weakness in the leg and discomfort to the left lower extremity with partial foot drop. He was recommended for somatosensory testing. Progress report dated 07/17/2014 documented the patient to have complaints of low back pain and left leg pain. He reported continued pain but it is managed with his medications. On exam, he had limited range of motion and decreased sensation on the left at L5. There was tenderness to palpation over the surgical incision site. He had a positive straight leg raise on the left as well as Lasegue on the left. He had trigger points elicited on the left. He was diagnosed with severe lumbar stenosis at L4-5 and moderate at L3-L4; left lower extremity radiculopathy and status post lumbar laminectomy, discectomy and foraminotomy. The patient was recommended to continue home exercise program, TENS unit, and Lidoderm patch. Prior utilization review dated 07/23/2014 states the request for Somatosensory testing retro 12/28/12 is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory Testing- retrospective 12/28/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS The comprehensive muscular activity profile (CMAP): Gatchel Rj, Richard Md, Choksi Dn, Mayank J, Howard K. J Occup Rehabil. 2009 Mar; 19(1):49-55.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper back; Current perception threshold (CPT) testing; Sensory evoked potentials (SEPs)

Decision rationale: According to ODG guidelines, current perception threshold testing is "not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing." Sensory evoked potentials "not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Sensory evoked potentials (SEPs) may be included to assess spinal stenosis or spinal cord myelopathy." In this case a retrospective request is made for somatosensory testing for a 70-year-old male with chronic low back pain and radiculopathy. However, guidelines do not recommend somatosensory testing. Medical records do not support exceptional circumstances. No specific rationale is provided. Medical necessity is not established, therefore is not medically necessary.