MAXIMUS Federal Services

Case Number:	CM14-0095567		
Date Assigned:	07/25/2014	Date of Injury:	02/18/2014
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 53 year old male with an injury date of 02/18/14. Based on the 04/30/14 progress report provided by [redacted], D.C., the patient complains of mid back pain made worse with sudden movements and prolonged standing, and lower back pain that goes down to right lower extremity. Physical Examination notes: Muscle tenderness noted at lumbar paraspinal muscles, SI joint and L1-S1 spinous processes, decreased range of motion, Kemp's, Illiac Compression and Ely's tests are positive bilaterally, and Bechtrew's test is positive on the right. Diagnosis are as follows: Lumbar sprain/strain, Radicular syndrome, lower extremity, Foot sprain/strain, MRI of lumbar spine 03/27/14, mild spondylosis seen within lumbar spine, disc desiccation noted at L3 - S1, L4-L5: posterior annular tear in IVD with 2mm disc bulge resulting in mild to moderate right and moderate to severe left neural foraminal narrowing and bilateral exiting nerve root compromise in conjunction with facet hypertrophy, and L5-S1: posterior annular tear in the IVD with 1-2mm posterior disc bulge without evidence of canal stenosis. An EMG/NCS of the lower extremities on 02/28/14 revealed: Abnormal nerve conduction study of bilateral lower extremities. Electrophysiological evidence of sensory bilateral saphenous and bilateral sural lumbar neuropathy are of a moderate nature. Clinical correlation is required, the above findings are consistent with denervation and re-innervation and the presence of a bilateral lumbar chronic active L4-L5 and L5-S1 lumbar radiculopathy. Clinical correlation is required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specimen Kit QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8 of 127.

Decision rationale: The patient presents with Lumbar sprain/strain, radicular syndrome to lower extremity and foot sprain/strain. Request is for a Specimen Kit. There are no progress reports that discuss this specific request and what this is for. There is no contextual information that helps and utilization review letter does not shed any additional light. The MTUS guidelines page 8 require that the treating physician provide treatment monitoring. In this case, there is no information in the notes explaining what this specimen kit is. Therefore, a specimen kit is not medically necessary.