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| Case Number: | CM15-0091518 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 11/03/2014 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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, New York, 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 applicant is a represented 58-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of November 3, 2014. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for nerve conduction testing of the bilateral lower extremities. The claims administrator referenced an undated lumbar MRI documenting a large left lateral disk protrusion at the L3-L4 level with associated central canal stenosis. A March 26, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant underwent a left knee total knee arthroplasty. In a progress note dated April 14, 2015, the applicant's primary treating provider (PTP) noted that the applicant had ongoing complaints of low back pain with numbness about the feet. The applicant was status post a left knee total knee arthroplasty, it was reported. 1 to 2+ lower extremity edema was appreciated. The applicant did exhibit a visibly antalgic gait requiring usage of a cane. The attending provider did refer to a left lateral disk protrusion at the L3-L4 level. The attending provider stated that he was not certain what the source of the applicant's lower extremity paresthesias was. The attending provider speculated that these were the result of either a lumbar radiculopathy versus a peripheral neuropathy. The applicant was placed off of work, on total temporary disability, while a request for electrodiagnostic testing of the lower extremities was seemingly reiterated. On March 26, 2015, the applicant again presented with complaints of low back and left knee pain. Hyposensorium about the plantar aspect of the bilateral feet was appreciated. Electrodiagnostic testing was seemingly sought on the grounds that the attending provider was searching for the

source of the applicant's lower extremity numbness. The applicant's medical history was not detailed. On a Doctor's First Report dated November 11, 2014, the applicant was apparently described as having a history of hepatitis C.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation 848 ACOEM Occupational Medicine Practice Guidelines, Chronic Pain.

Decision rationale: The request for nerve conduction testing of the bilateral lower extremities was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in Chapter 14, Table 14-6, page 377 does acknowledge that electrical studies such as the NCV testing at issue for routine foot and ankle problems are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, in this case, however, the attending provider did write on multiple occasions above that he did suspect issues with peripheral neuropathy. The applicant apparently reported issues with numbness, tingling, and paresthesias about the feet on multiple office visits, referenced above. The Third Edition ACOEM Guidelines Chronic Pain Chapter further notes that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause. Here, the attending provider's documentation, while at times incomplete, did establish that the applicant did have issues with hepatitis C, i.e., a systemic disease process which heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Nerve conduction testing, thus, was indicated in the clinical context present here. Therefore, the request was medically necessary.