

Case Number:	CM13-0004843		
Date Assigned:	08/08/2014	Date of Injury:	09/11/2009
Decision Date:	09/12/2014	UR Denial Date:	06/26/2013
Priority:	Standard	Application Received:	07/29/2013

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 in Pain Medicine and is licensed to practice in Texas and New York. 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 injured worker is a 44 year-old female who was reportedly was injured on 9/11/2009. The mechanism of injury is noted as a fall. The most recent progress note dated 6/10/2013, indicates that there are ongoing complaints of neck pain that radiates into the bilateral upper extremities. The physical examination demonstrated that the cervical spine had positive tenderness to palpation about the paraspinal muscles, the left more than the right side with mild muscle spasm. There was decreased sensation on the left C7-C8 distribution pattern more so than C6. The reflex was 2+. Motor testing was 4-/5 of the left elbow flexor/extensor and all other tests were 5/5. There were no recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for electromyogram/nerve conduction velocity of the bilateral upper extremities, pain management 2nd opinion consult and was not certified in the pre-authorization process on 6/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: American College of Occupational and Environmental Medicine Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help

identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The patient underwent a magnetic resonance image of the cervical spine on 6/3/2011. Given the lack of recent diagnostic study to corroborate minimal findings on physical exam to support the requested EMG or NCV studies, this request for an EMG of the bilateral upper extremities is not considered medically necessary.

NCV of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: American College of Occupational and Environmental Medicine Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The patient underwent a magnetic resonance image of the cervical spine on 6/3/2011. Given the lack of recent diagnostic study to corroborate minimal findings on physical exam to support the requested EMG or NCV studies, this request for an NCV of the bilateral extremities is not considered medically necessary.

Physical to Cervical Spine, QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The injured worker has chronic cervical spine complaints and review of the available medical records fails to demonstrate an improvement in pain or function. The MRI for the cervical spine is pending. Physical therapy should be put on hold until the results of the cervical spine magnetic resonance image is reviewed by the treating physician. Therefore at this time the request for physical therapy to the cervical spine, Qty 6 is not considered medically necessary.

Second Opinion Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines support referrals to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records, reveals the patient is pending a magnetic resonance image of the cervical spine and maybe a surgical candidate. Therefore, at this time this request for a second opinion pain management consultation is not considered medically necessary.