MAXIMUS Federal Services

Case Number:	CM13-0014918		
Date Assigned:	01/10/2014	Date of Injury:	02/09/2013
Decision Date:	10/13/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/22/2013

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 Neurocritical Care 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:

This is a 57-year-old male with a 02/09/2013 date of injury, when he was pinned by the heavy door of a vertical equipment elevator. 7/19/13 determination was non-certified given that the patient had EMG/NCV on 4/29/13 and did not reveal any cervical radiculopathy, and repeat EMG/NCV was not needed since there was no report of new trauma or recent progressive change. 6/6/13 progress report by [redacted] identified neck and other body parts pain. The pain was rated 5-8/10. It was noted that recent electrodiagnostic studies were "normal". Cervical spine exam revealed decreased range of motion of the cervical spine bilateral 5-/5 bilateral deltoid. 8/23/13 [redacted] first report of occupational injury identified posterior neck pain radiating to the bilateral posterior shoulders, left lateral forearm, right lateral arm, with intermittent weakness in the bilateral upper extremities, intermittent numbness bilateral upper extremities, lateral arms. Pain worse with range of motion. Cervical spine exam revealed decreased sensation over C5, 5-/5 deltoid strength bilaterally, and decreased range of motion. 4/29/13 EMG/NCV report revealed mild left carpal tunnel syndrome and no electrodiagnostic evidence of cervical radiculopathy or generalized neuropathy in either upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER EXTREMITIES: 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 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. While the patient had subjective and objective finding of cervical radiculopathy, there was no indication for performing repeat electrodiagnostic testing. The patient had the study performed in April 2013, negative for radiculopathy; and the subsequent medical reports did not identify a significant progression in symptoms, or any other red flags conditions that would prompt the need for repeating the testing. As such, the request is not medically necessary.

NCV BILATERAL UPPER EXTREMITIES: 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 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. While the patient had subjective and objective finding of cervical radiculopathy, there was no indication for performing repeat electrodiagnostic testing. The patient had the study performed in April 2013, negative for radiculopathy; and the subsequent medical reports did not identify a significant progression in symptoms, or any other red flags conditions that would prompt the need for repeating the testing. As such, the request is not medically necessary.