

Case Number:	CM13-0020199		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2004
Decision Date:	01/31/2014	UR Denial Date:	08/24/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 55 year old female with date of injury 03/01/2004. Medical reports indicate she is suffering from pain in the neck, upper, mid and lower back, with bilateral shoulder and hand pain. Her pain is described as sharp, aching, burning, and pulsating sensation. She also has a new pain radiating from the neck down the back, with pain increased since last visit. Objective findings include ambulation without assistive device, able to sit comfortably on examination table without difficulty or evidence of pain, normal gait, Spurling's maneuver causes radicular symptoms on the left and negative Waddell's sign. Diagnoses include lumbar degenerative disc disease, low back pain, cervical pain, chronic pain syndrome, depression disorder, and disc disorder of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right arm: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261.

Decision rationale: Per the ACOEM guidelines, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The claims adjuster reports that he spoke with the requesting physician who verbally agreed the MRI would be sufficient testing at this time; however this request is still being appealed. It is noted that the claimant previously had the request for NCS/EMG approved, and extended for 60 days, however did not end up having this test done. She is also interested in pursuing injections for her symptoms. The use of NCS/EMG can help identify the location of injury or disease that is causing the neurological deficits and symptoms. The use of NCS/EMG is determined to be medically necessary based on the ACOEM guidelines

Oral fluid toxicology test: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cone EJ, Presley L, Lehrer M, et al. Oral fluid testing for drugs of abuse: positive prevalence rates by intercept immunoassay screening and GC-MS-MS confirmation and suggested cut-off concentrations. J Anal Toxicol 2002; 26: 541-46.

Decision rationale: The use of urine drug screen to verify medication compliance when prescribing medications with abuse potential is supported by the Chronic Pain Medical Treatment guidelines. Substituting the urine drug screen with an oral fluid drug screen is not addressed by these guidelines. Although the urine drug screen is the most common method of doing testing for drugs of high abuse potential, there are other valid tests available. Reportedly, the claimant was unable to provide a urine sample, so the provider opted for oral fluid drug screening. These tests have been validated and are an acceptable alternative utilized by toxicologists. The request for oral fluid toxicology screening was medically necessary.