

Case Number:	CM13-0026184		
Date Assigned:	01/10/2014	Date of Injury:	03/12/2009
Decision Date:	03/19/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 12, 2009. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; various interventional injection procedures; and work restrictions. In a Utilization Review Report of August 19, 2013, the claims administrator denied a request for nerve conduction testing of the bilateral upper extremities, citing non-MTUS 2009 ACOEM Guidelines. The applicant's attorney subsequently appealed. In a medical legal evaluation of July 8, 2013, the medical legal evaluator writes that the patient had no previous electrodiagnostic evidence of cervical radiculopathy or nerve root compression. The medical legal evaluator further notes that the patient has had electrodiagnostic testing on March 13, 2013 which is again negative for a cervical radiculopathy or peripheral nerve root compression. The patient did have mild multilevel disk bulges and spinal stenosis of uncertain clinical significance noted on earlier cervical MRI imaging of October 6, 2011. An August 6, 2013 progress note is notable for comments that the applicant reports ongoing neck pain radiating to the right upper extremity. The applicant is status post recent acupuncture treatment. The applicant is having difficulty working owing to pain. The patient is on Neurontin, lidocaine, Tylenol, and Vicodin. Cervical paraspinal tenderness and tender points are noted. The applicant is reportedly working full time with fairly permissive limitations in place. Medications are refilled. It is stated that bilateral upper extremity nerve conduction testing is being sought on the recommendation of a qualified medical evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral upper extremity NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 251.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 11, Page 251 do state that appropriate electrodiagnostic studies, including nerve conduction testing or EMG testing, may help differentiate between carpal tunnel syndrome and other suspected conditions, such as cervical radiculopathy, in this case, the applicant has had several sets of electrodiagnostic tests at various points in the treatment course. All of these came back negative. There has been no recent change in the clinical presentation or clinical picture which would support repeat studies. The applicant has already had two sets of studies, it appears, both of which were negative. The most recent progress note does not suggest any worsening in neurologic symptoms or neurologic signs so as to support a repeat study. Therefore, the request remains non-certified, on Independent Medical Review.