

Case Number:	CM13-0032645		
Date Assigned:	12/11/2013	Date of Injury:	08/07/2012
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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, Ohio and Texas. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, midback pain, left arm pain, and facial numbness reportedly associated with an industrial injury of August 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior shoulder rotator cuff repair surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 20, 2013, the claims administrator denied an EMG-NCS of the left upper extremity, citing non-MTUS ODG guidelines. The claims administrator incorrectly stated that MTUS guidelines "officially incorporate ODG guidelines by different methodologies into the legal guideline framework." A September 24, 2013, Agreed Medical Evaluation is notable for comments that the applicant is a represented [REDACTED] who has neck pain, shoulder pain, and hand pain. She is on Motrin, Flexeril, and Nexium. She has persistent neck pain which radiates down the left arm, it is stated. In his record review, the medical legal evaluator does not reference the applicant have been previously undergone electrodiagnostic testing. The applicant apparently has had cervical MRI imaging on November 6, 2012, demonstrating multilevel disk bulging at C4-C5 and C5-C6 with associated thecal sac effacement. The medical legal evaluator states that he suspects a cervical myelopathy here.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG) Electromyography/NCS, Left Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines) - Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, EMG and NCS studies may help identify subtle focal neurological dysfunction in those applicants with neck or arm symptoms which persist greater than three to four weeks. In this case, the applicant does have persistent neck and arm symptoms which have lasted for some time. She has had equivocal cervical MRI imaging, referenced above, which fails to reveal a clear, discrete lesion which might be amenable to surgical correction. Electrodiagnostic testing to help articulate the source of the applicant's symptoms is indicated. Therefore, the request is certified.