

Case Number:	CM13-0036014		
Date Assigned:	12/13/2013	Date of Injury:	12/06/2011
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in 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 patient is a 48-year-old male who reported a work-related injury on 12/06/2011 as result of a fall. The patient presents for treatment of the following diagnoses: cervicogenic pain and headaches. The patient has previously undergone bilateral upper extremities electrodiagnostic studies as of 07/2012 which revealed a C6-7 radiculopathy. The clinical note reports neurological examination of the patient under the care of [REDACTED]. The provider documented the patient presents with complaints of bilateral hand numbness, cervicogenic headaches, low back pain, right shoulder pain, and pain to the posterior thigh and associated tingling to the bottom of the feet, as well as chest spasms. The provider documented the patient's medication regimen included Norco 3 times a day, topiramate 1 by mouth every day, naproxen 2 tablets by mouth every day, tramadol 1 tablet by mouth every day, cyclobenzaprine 2 tablets by mouth every day, omeprazole 1 tablet by mouth every day, Acetadryl 1 tablet by mouth every day, Effexor 1 tablet by mouth every day, and Metamucil. Upon physical exam of the patient, the provider documented the patient reported cervical spine tenderness upon palpation. The provider documented slight give-way of the upper extremity muscles tested. The patient's grip strength was decreased to the left as compared to the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Electromyography/Nerve Conduction Velocity of the Bilateral Upper Extremities between 10/8/2013 and 11/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. 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): 178.

Decision rationale: