MAXIMUS Federal Services

Case Number:	CM13-0044322		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2013
Decision Date:	03/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York 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. 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 47-year-old male who reported a work-related injury on 02/07/2013. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: cervical disc disease and cervical radiculopathy. The clinical note dated 09/21/2013 reports the patient was seen in clinic under the care of [redacted]. The provider documents upon physical exam of the patient motor strength to the right upper extremity was 2/5 to 3/5 as well as grip strength at 2/5 to 3/5. The patient presents with complaints of pain affecting the right upper extremity and cervical spine area upon motor strength testing of the right upper extremity. The left upper extremity testing revealed 5/5 motor strength. The provider recommended electrodiagnostic studies to evaluation the patient's right upper extremity, as well as chiropractic care and treatment times 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic care visits for the cervical spine: 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 Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The current request is not supported. California MTUS indicates a trial of 6 visits over 2 weeks, with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks is supported. The current request is excessive in nature at 12 sessions of chiropractic treatment specifically for the cervical spine. Given all the above, the request for Twelve (12) chiropractic care visits for the cervical spine is neither medically necessary nor appropriate.

Electromyography (EMG) of the upper cervical spine and right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is supported. The clinical documentation submitted for review evidences the patient continues to present with cervical spine and right upper extremity pain complaints status post a work-related injury sustained on 02/2013. The patient presents with significant motor decrease about the right upper extremity rated at a 2/10 to 3/10. California MTUS/ACOEM indicates unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Given that the patient presents with significant motor decrease about the right upper extremity status post attempts at lower levels of conservative treatment for his pain complaints to include acupuncture, medications, activity modifications, as well as a course of physical therapy, the request for Electromyography (EMG) of the upper cervical spine and right shoulder is medically necessary and appropriate.

Nerve conduction velocity (NCV) of the upper cervical spine and right shoulder: Overturned

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);Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is supported. The clinical documentation submitted for review evidences the patient continues to present with cervical spine and right upper extremity pain complaints status post a work-related injury sustained on 02/2013. The patient presents with significant motor decrease about the right upper extremity rated at a 2/10 to 3/10. California MTUS/ACOEM indicates unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if

symptoms persist. Given that the patient presents with significant motor decrease about the right upper extremity status post attempts at lower levels of conservative treatment for his pain complaints to include acupuncture, medications, activity modifications, as well as a course of physical therapy, the request for Nerve conduction velocity (NCV) of the upper cervical spine and right shoulder is medically necessary and appropriate.