

Case Number:	CM13-0049655		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2013
Decision Date:	05/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 records reflect the diagnosis as a cervical spine sprain/strain. A course of physical therapy has been completed. Non-steroidal medications have been employed. The physical examination notes this individual to be 5'1", 174 pounds and a full range of motion of the cervical spine is noted. There are no noted motor deficits, sensory deficits and the deep to reflexes are noted to be intact. Degenerative disc disease in the cervical spine is noted on plain films. MRI of the cervical spine noted a slight disc bulge at C5-C6. The physical therapy notes indicate right shoulder and distal upper extremity symptomology.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: When noting the reported mechanism of injury, the MRI changes noting a disc lesion, spinal cord effacement and taking into consideration the parameters outlined in the MTUS, this would be an appropriate clinical assessment.

NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178.

Decision rationale: When noting the reported mechanism of injury, the MRI changes noting a disc lesion, spinal cord effacement and taking into consideration the parameters outlined in the MTUS, this would be appropriate clinical assessment.