

Case Number:	CM13-0067094		
Date Assigned:	01/03/2014	Date of Injury:	09/05/2008
Decision Date:	04/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 Rehabilitation, 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 underlying date of injury this case is 09/05/2008. The primary diagnosis is a cerebrovascular lesion. On 11/08/2013, the patient was seen in neurology consultation with the history that 5 years earlier in September 2008 he was working at his desk and suddenly developed neck pain which went into his right hand and had pain in his wrist and into one of his fingers and he started to shake his hand. The past diagnostic evaluation did not determine a specific diagnosis, including past electrodiagnostic studies and Computed Tomography scan imaging of the brain and Magnetic resonance imaging of the cervical spine, thoracic spine, and lumbar spine. A detailed neurological examination demonstrated normal cognitive function as well as normal motor and sensory function of the upper extremities. The consulting neurologist considered the differential diagnosis of focal right hand dystonia versus a painful cramp, with possible underlying diagnoses including Wilson's disease or lupus. The consulting neurologist felt that a seizure or brain degenerative disorder was unlikely and that nerve entrapment in the forearm was unlikely, although there was some possibility that the claimant could have neurological thoracic outlet syndrome. The neurologist felt that also the patient might have a mild sensory polyneuropathy due to burning in the feet and that possibly the claimant had increased reflexes below the jaw suggesting thoracic cord compression. The consulting neurologist planned to personally review the prior cervical and thoracic imaging studies, and he planned additional electrodiagnostic studies of the upper extremities to compare to the prior studies. An initial reviewer noted that the requested studies or similar studies had been performed previously and that treatment guidelines did not support an indication for the requested diagnostic studies at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004).

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines, chapter 8, recommends electromyography to identify subtle neurological dysfunction not clearly diagnosed through physical examination or other diagnostic technique. This patient has previously undergone electromyography. It is not clear why the reviewer would request a repeat electromyography study at this time, particularly without first reviewing the prior electromyography study in detail. Neither the records nor the guidelines discuss any different techniques or different location for an electromyography study which would likely produce a different outcome than the prior electromyography study. This request is not medically necessary.

Nerve Conduction Velocity Studies (NCVS) for bilateral upper extremities: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines, chapter 8, neck, page 178, recommends nerve conduction studies to evaluate the cause of subtle neurological deficits when an obvious cause is not present by physical examination or other diagnostic testing. In this case this patient has previously undergone electrodiagnostic testing; neither the medical nor the treatment guidelines support a specific rationale as to why repeat nerve conduction studies would be indicated. It may be helpful for the treating physician to resubmit this request after reviewing the prior electrodiagnostic study if there is a particular concern regarding the technique used or a new or different type of electrodiagnostic to be performed. The records and the guidelines do not support this request at this time. This request is not medically necessary.

Magnetic resonance imaging of the brain: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation/Head states that Magnetic resonance imaging (MRI) of head or brain may be indicated to determine neurological deficits not explained by Computed Tomography imaging. In this case, the patient underwent prior Computed Tomography imaging of the brain which was normal. The current primary diagnostic consideration of focal dystonia, however, would not be identifiable via Magnetic resonance imaging (MRI). The neurologist consultation in this case does not document a specific item in the differential diagnosis which would require Magnetic resonance imaging (MRI) imaging or which would be expected to appear in an Magnetic resonance imaging (MRI) but not the prior Computed Tomography of the head. Therefore, this request is not supported by the guidelines. This request is not medically necessary.

Computerized Tomography (CT) head/brain: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation/Head recommends Computed Tomography imaging for abnormal mental status or focal neurological deficits or acute seizures. Other than in an acute setting, these guidelines recommend Computed Tomography imaging when there is a specific change in the neurological history or exam. In this case, the patient previously underwent Computed Tomography imaging of the head which was essentially normal. The records do not document a fundamental change in the history or exam. Additionally, the key working diagnosis of focal dystonia would not be anticipated to be apparent on Computed Tomography imaging of the head. Therefore, overall the records do not clearly provide a rationale or differential diagnosis as to why an additional Computed Tomography imaging of the head would be indicated at this time. This request is not medically necessary.