MAXIMUS Federal Services

Case Number:	CM13-0069911		
Date Assigned:	01/03/2014	Date of Injury:	10/29/2005
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine 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 patient is a 53-year-old female with date of injury 10/29/2005. The medical report associated with the request for authorization, an electrodiagnostic study, dated 11/07/2013, lists subjective complaints as pain at the neck, shoulders, arms, and hands associated with numbness, tingling sensation and weakness. Objective findings: nerve conduction studies on bilateral medial, ulnar and radial nerves revealed increased distal latency on the right median sensory fibers, decreased nerve conduction velocity on the ulnar nerve across the right elbow, decreased amplitude of sensory nerve action potential on the right ulnar nerve, and positive Johnson's test on both sides. The ratio of transcarpal latency versus palnar seven latency when recorded from the median sensory fibers was greater than one on both sides. Electromyographic findings did not reveal any evidence of positive sharp waves or fibrillation on the sampled muscles. The motor unit potentials had normal amplitude, duration, and configuration. The diagnoses are: entrapment neuropathy of the ulnar nerve across the right elbow with moderate slowing of nerve conduction velocity, entrapment neuropathy of the median nerves at both wrists with mild to moderate slowing of nerve conduction velocity, no electrophysiological evidence of entrapment neuropathy on the left ulnar and bilateral radial nerves, and no electrophysiological evidence to support motor radiculopathy or distal peripheral neuropathy in the upper extremities. Spinal surgery reevaluation note of 11/19/2013 references the computed tomography (CT) scan of the cervical spine dated November 5, 2013 which shows M. insurer C4-5 fusion present with no implant failure or malposition. The impression is 10 months status post anterior cervical discectomy and fusion at C4-5, with improved dysphonia and residual dysphagia and left upper extremity radiculopathy. The note also states that the patient continues to complain of tremors with extended periods of sitting and holding her neck in a fixed position. She states that this was present before surgery and continues to be present after surgery. The physician emphasized to

the patient that he was not a neurologist nor did he specialize in the evaluation of tremors. He requested authorization for a neurology evaluation to assess the tremors.

IMR ISSUES, DECISIONS AND RATIONALES

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

BARIUM SWALLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Work loss data Institute and the Merck Manual Dysphasia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Disc prosthesis.

Decision rationale: The Official Disability Guidelines (ODG) lists difficulty swallowing as one of the most common complications of anterior cervical discectomy with fusion. There is no recommended treatment except watchful waiting. As such, the request for barium swallow is not medically necessary.

NEUROLOGY CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

Decision rationale: The MTUS states that consultation may be ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or to examine fitness for return to work. In this case, there is no documentation in the medical record that the patient has been previously worked up for her tremors, or whether her tremors are work related. As such, the request for neurology consultation is medically necessary to determine the nature of the patient's tremors and to determine their work-relatedness.