

Case Number:	CM14-0005207		
Date Assigned:	02/05/2014	Date of Injury:	11/07/2007
Decision Date:	06/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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:

This is a 41-year-old male with a 1/26/09 date of injury. The patient was employed by [REDACTED] and injured his lower back when he tried to lift a pallet. A MRI report in 8/2010 showed flattening at C3 thru C5 and multi-level disc disease. On 12/4/13 the patient had lumbar spine pain. The physical therapy was helpful. Objective: abduction of left shoulder to 90, positive Tinel's sign at left wrist, and tenderness along the carpal tunnel. On 3/5/14 the patient had neck and shoulder pain. He has marked weakness in his left upper extremity. Objective: tenderness along the cervical paraspinal muscles, with diminished sensation along C5-6 and C6-7 along the left arm and cannot raise the left shoulder beyond 50 degrees. Diagnostic Impression: Low Back Pain, Lumbosacral Spondylosis, Impingement syndrome of left shoulder, left wrist carpal tunnel syndrome. Treatment to date: physical therapy, activity modification, medication management, TENS unit, EMG/NCS x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT NCS NECK AND LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §9792.23.3 Elbow Disorders: ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10 (p. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter)

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, this patient has had 2 prior EMG/NCS since his initial 2009 date of injury. It is unclear what has changed significantly that would necessitate an additional EMG/NCS, and if this study were repeated, what it would add to his care. He is documented to have already been diagnosed with carpal tunnel syndrome, and it is unclear what treatment he has had for this or whether he is considered a surgical candidate. The most recent office visit note on 3/5/14 failed to mention the need for a repeat EMG/NCS. The provider fails to document a clear rationale to substantiate the need for this study. This request, as submitted, is not medically necessary.