MAXIMUS Federal Services

Case Number:	CM14-0107692		
Date Assigned:	09/16/2014	Date of Injury:	05/30/2013
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Emergency 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:

Patient with reported date of injury on 5/30/2013. Mechanism of injury is described as a TV falling on patient's head. Patient has diagnosis of cervical sprain, shoulder impingement, lumbar radiculopathy and post-concussion syndrome.Medical reports reviewed. Last report available until 8/19/14. Prospective progress notes were reviewed even after prior UR to help determine what "neurodiagnostic studies" were being requested. Patient complains of neck and bilateral shoulder pains. Patient also complains of headaches and low back pains. Patient has intermittent numbness down arms.Objective exam reveals paraspinal cervical spasms along with tenderness. Range of motion(ROM) is normal. Normal neurological exam with no sensory or motor deficits. Normal muscle tone, arm strength and reflexes. Negative Cervical compression and Spurling's test. Shoulder exam reveals limited ROM bilaterally, R side worst than L side. Positive impingement sign bilaterally.Note from 6/24/14 reports that bilateral EMG/nerve conduction test of bilateral upper extremities were normal. MRI of the brain and lower back was reviewed.Note from 6/9/14 merely mentions EMG exam was pending.MRI of R shoulder(5/7/14) reveals large full thickness tear through supraspinatus tendon.MRI of lumbar spine(5/22/14) revealed multilevel disc bulges from T12-L1 or L3-L4. Most significant at L2-3 or L3-4 at 4mm with ligamentum flavum hypertrophy and mild L foraminal stenosis and mild central canal stenosis.MRI of brain(5/22/14) was normal.EMG/NCV(6/3/14) was normal.Patient is apparently receiving acupuncture. Medications include Carisoprodol, Norco and Voltaren.Independent Medical Review is for "Neurodiagnostic Studies". Request for service was sent on 6/11/14.Prior UR on 6/13/14 recommended none certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurodiagnostic Studies: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back>, <Electrodiagnostic studies(EDS)>

Decision rationale: Despite review of charts from 3/2014 until 8/2014, it is not clear what "Neurodiagnostic studies" are being requested. There is no documentation of any such studies being requested except for EMG/NCV and MRIs of the brain, both requests had already been approved and completed. The CPT code that was submitted was 95937 which appears to be "Neuromuscular junction test" so this review will base the review on this test.Basic criteria for any Electrodiagnostic studies such as neuromuscular junction test such as Repetitive nerve stimulation (RNS) and single fiber electromyography (SFEMG) is that it should be "medically indicated". There is no mention of this requested test anywhere on record or any rationale as to why this test was requested. "Neurodiagnostic studies" are not medically necessary.