

Case Number:	CM14-0150239		
Date Assigned:	09/18/2014	Date of Injury:	02/04/2011
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 46-year-old female with a October 1, 2004 date of injury. At the time of the request for authorization for EMG (electromyogram) of right upper extremity, EMG left upper extremity, NCV right upper extremity, NCV left upper extremity, and home health aid five (5) hours daily for three (3) days per week, there is documentation of subjective (significant worsening pain in her neck with numbness and weakness, worse in the right arm) and objective (spasm, tenderness and guarding are noted in the paravertebral musculature of the cervical spine with decreased range of motion; decreased sensation over the C6 dermatome bilaterally; weakness with abduction of the right arm graded 4/5, biceps strength on the right is graded 4/5 as well) findings, current diagnoses (cervical radiculopathy), and treatment to date (medication, physical therapy, acupuncture, and aquatherapy). Regarding home health aid five (5) hours daily for three (3) days per week, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back (Acute and Chronic), NCS and EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177,33.

Decision rationale: The Neck and Upper Back Complaints Chapter and the Elbow Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV (nerve conduction velocity) test. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG of right upper extremity is medically necessary and appropriate.

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back (Acute and Chronic), NCS and EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177,33.

Decision rationale: The Neck and Upper Back Complaints Chapter and the Elbow Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG left upper extremity is medically necessary and appropriate.

Nerve conduction velocity (NCV) test of the right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177,33.

Decision rationale: The Neck and Upper Back Complaints Chapter and the Elbow Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV right upper extremity is medically necessary and appropriate.

NCV test of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back (Acute and Chronic), NCS and EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177,33.

Decision rationale: The Neck and Upper Back Complaints Chapter and the Elbow Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV left upper extremity is medically necessary and appropriate.

Home health aide, five hours daily for three days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patient selection criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, the Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy. In addition, there is documentation of no more than 35 hours per week. However, there is no documentation that the

patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for home health aide, five hours daily for three days per week, is not medically necessary or appropriate.