

Case Number:	CM14-0155246		
Date Assigned:	09/25/2014	Date of Injury:	07/09/2012
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgery 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 complains of neck pain radiating to the bilateral trapezius muscles. Physical exam shows spasm of the cervical spine and reduced range of cervical motion. There is decreased sensation in C5 and C6 bilaterally and weakness of the left triceps and left grip strength. X-rays of cervical spine from August 2014 show multilevel degenerative disc condition. At issue is whether neurophysiologic testing of the upper extremities is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS (nerve conduction study) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand chapter, ODG hand chapter

Decision rationale: This patient does not meet establish criteria for neurophysiologic testing of the upper extremities. Specifically there is no documentation of adequate recent conservative measures for the treatment of chronic neck and arm pains. There is no documentation of physical therapy, functional limitations, and adequate response to conservative measures. More

conservative measures are medically necessary prior to nerve conduction studies. In addition, imaging studies of the cervical spine does not document significant neurologic impingement. More conservative measures as needed for this patient's chronic degenerative condition. The request is not medically necessary at this time.

NCS of upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand chapter

Decision rationale: This patient does not meet establish criteria for neurophysiologic testing of the upper extremities. Specifically there is no documentation of adequate recent conservative measures for the treatment of chronic neck and arm pains. There is no documentation of physical therapy, functional limitations, and adequate response to conservative measures. More conservative measures are medically necessary prior to nerve conduction studies. In addition, imaging studies of the cervical spine does not document significant neurologic impingement. More conservative measures as needed for this patient's chronic degenerative condition. The request is not medically necessary at this time.