

Case Number:	CM14-0161818		
Date Assigned:	10/07/2014	Date of Injury:	07/10/2006
Decision Date:	12/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 07/10/2014. The date of the utilization review under appeal is 09/05/2014. On 08/22/2014, the patient was seen in orthopedic follow-up regarding symptoms of bilateral hand numbness. The tenderness was troublesome enough that the patient had given up playing golf or tennis or other activities. Neurological exam of the upper extremities was intact. An MRI of the cervical spine showed slight foraminal stenosis on the left at C6-C7 which was a fused level and on the right above the fusion. The treating physician indicated that the patient could have a residual cervical radiculopathy versus carpal tunnel and thus recommended electrodiagnostic studies. An initial physician review noted there was no documentation of neurological deficits or failure of conservative therapy on the notes that there was documentation of diagnostic imaging with definitive findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM Guidelines Chapter 8 Neck, page 178, states that electrodiagnostic studies may help identify subtle focal neurological dysfunction with symptoms lasting more than several weeks. A prior physician reviewer noted that they were definitive changes in the patient's cervical spine status post fusion and that an electrodiagnostic study was not needed for this reason and given the lack of neurologic deficits on exam. However, the treating physician notes the differential diagnoses include essentially a double crush syndrome or carpal tunnel syndrome superimposed upon the patient's prior radiculopathy which had required surgery. In order to evaluate a patient for such a "double crush" syndrome, or in other words to evaluate a patient for a median neuropathy superimposed upon cervical radiculopathy, electrodiagnostic studies are required. It is not possible to diagnose carpal tunnel syndrome solely from an MRI of the cervical spine. Moreover, neurological deficits on physical exam are not required for the diagnosis of carpal tunnel syndrome. For these reasons, the request for electrodiagnostic studies is supported by the treatment guidelines. This request is medically necessary.

EMG of Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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