

Case Number:	CM14-0178186		
Date Assigned:	10/31/2014	Date of Injury:	05/14/2012
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/he has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/he 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/he 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 injured worker is a man with a date of injury of 5/14/12. He was seen by his primary treating physician on 9/16/14 with complaints of neck and back pain. His exam showed a healed anterior cervical incision. He had full range of motion but extreme rotation elicited discomfort. He had weakness of the right shoulder but with full range of motion. He had diffuse tenderness of the thoracolumbar spine with forward bend to 60 degrees and positive right straight leg raise. His diagnoses were right shoulder arthroscopic decompression with debridement of partial thickness rotator cuff tear, chronic lumbar myofascial pain, status post anterior cervical discectomy and fusion and headaches. A qualified medical exam dated 8/14/14 which documented a neurology exam of 3/12/14 showed cervical spine stenosis with myelopathy and closed head trauma with mild traumatic brain injury and post traumatic headaches. His exam was significant for normal motor strength 5/5 except 4.5/5 of the right shoulder due to pain. He was able to heel and toe walk with a broad based gait. He had diminished sensation over both S1 distribution areas, greater on the left. He had a positive left straight leg raise. At issue in this review is neuropsych testing and EMG/NCV of upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsych Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Head Chapter, Neuropsychological Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: This injured worker has a history of head trauma and headaches. Patient rehabilitation after traumatic brain injury is divided into two periods: acute and subacute. In the beginning of rehabilitation therapist evaluates patient's functional status, later he uses methods and means of treatment, and evaluates effectiveness of rehabilitation. There is no testing documented of his mental status or 'higher functions' exam or a review of systems to substantiate the need for neuropsych testing. The records do not support that he has functional impairment due to a 'mild traumatic brain injury' nor do they support the medical necessity for testing.

EMG/NCV Upper & Lower: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, or low back symptoms. This injured worker has already had cervical and lumbar MRIs to identify structural abnormalities as well as surgery. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for EMG/NCVs of the upper and lower extremities.