

Case Number:	CM14-0023442		
Date Assigned:	06/11/2014	Date of Injury:	05/21/2004
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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 is a 52 year old female with a date of injury on 5/21/2004. Diagnoses include cervical/thoracic/lumbar strain, cervical radiculopathy, lumbar radiculopathy, carpal tunnel syndrome, rotator cuff tendinitis, right foot lateral sensory neuropathy, and paresthesia of the left foot. Subjective complaints are of pain in the cervical, lumbar, and thoracic spine. Also there are complaints of shoulder pain and wrist pain. Physical exam shows decreased sensation in median nerve distribution bilateral, patchy decreased sensation in both legs at L5-S1 and trace weakness in the left extensor hallucis longus and anterior tibialis. Wrists were tender and had positive Phalen's and median nerve compression signs. Prior lumbar MRI from 2005 showed degenerative changes from L3-4 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC STUDIES OF UPPER EXTREMITIES: 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): 179, 182, 213, 261, 269.

Decision rationale: ACOEM guidelines suggest EMG/NCV as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints, EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence shows possible cervical root symptoms versus carpal tunnel syndrome. Electrodiagnostic studies could be helpful in identifying the source of pathology. Therefore, the request for upper extremity electrodiagnostic studies is medically necessary.

ELECTRODIAGNOSTIC STUDIES OF LOWER EXTREMITIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 182, 213, 261, 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS suggests that EMG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. For this patient, lumbar radicular signs are present, but patient also has sensory foot abnormalities that could be due to peripheral nerve compression pathologies. Lower extremity electrodiagnostics could help determine the etiology of the pathology. Therefore, the request for bilateral lower extremity electrodiagnostic studies is medically necessary.

A NEUROLOGICAL CONSULT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 and the Official Disability Guidelines (ODG), Pain Chapter, Office Visit Section.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management

(E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, submitted documentation does not identify any suspicion of a serious underlying medical condition that would warrant a referral to a neurologist. Patient's symptoms have not significantly changed since 2010, which suggests her condition has been stable. Therefore, the medical necessity for a neurology consult is not established.