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| Case Number: | CM14-0032067 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 06/17/2012 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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, has a subspecialty in Interventional Spine Pain Management 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 is a 51-year-old male with a date of injury of 02/03/2014. The listed diagnoses per [REDACTED] are: 1.Contusion of face, scalp, and neck 2.Thoracic sprain, 3.Brachial neuritis/radiculitis, NOS. According to progress report 02/03/2014, the patient presents with continued neck and low back pain. Provider states that he would like authorization for EMG/nerve conduction study of the bilateral upper extremities due to patient's continued problems with pain, tingling, numbness, and radicular component. There is no physical examination noted. Report from 01/10/2014 by [REDACTED] indicates the patient has neck pain, which is relatively well controlled due to a right cervical medial branch block and epidural injections. Examination of the thoracic spine revealed bilateral paraspinal tenderness, right greater than left, occipital palpation, which produces tenderness and pain over the right occipital area. Cervical loading is positive on the right but no radicular symptoms. The provider is requesting EMG/NCS of the bilateral upper extremities. Utilization review denied the request on 02/11/2014. Treatment reports from 01/10/2014 through 09/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with continued neck pain. The provider is requesting an EMG/NCS of the bilateral upper extremities. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of QME report from 07/15/2014 states, "Multiple MRI scans had been obtained. He also underwent x-rays as well as EMG/NCV test of the bilateral upper and lower extremities." The cervical spine MRI and EMG/NCV report were not provided in the medical file. In this case, a repeat EMG/NCV is not necessary as there are no new symptoms, or new neurologic findings to warrant a repeat study. Therefore, this request is not medically necessary.