

Case Number:	CM14-0032229		
Date Assigned:	07/23/2014	Date of Injury:	10/16/2013
Decision Date:	08/27/2014	UR Denial Date:	02/18/2014
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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 1/30/14 note indicates injury to right hand on 10/16/13. The insured had a person fall on top of him and developed headache due to event. There is reported pain in the neck and travels to the shoulder and arm. There is numbness and tingling in the shoulder and arm. Examination reports reduced sensation in the bilateral C7 dermatome. There is normal strength and reflexes in the upper extremities except grip strength was noted reduced bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, MRI.

Decision rationale: The medical records provided for review indicate neurologic deficits of numbness (bilateral decrease C7) and weakness (weak grips) for which there may be peripheral nerve versus root level pathological conditions. The MRI of the cervical spine is supported for

evaluation where there is severe or progressive neurologic deficit with neck pain under ODG guidelines.

Electromyography (EMG): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, electrodiagnostic studies.

Decision rationale: The medical records provided for review indicate neurologic deficits of numbness (bilateral decrease C7) and weakness (weak grips) for which there may be peripheral nerve versus root level pathological conditions. The MRI of the cervical spine is supported for evaluation where there is severe or progressive neurologic deficit with neck pain under ODG guidelines.

Nerve conduction study (NCS): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, nerve condition studies.

Decision rationale: The medical records provided for review indicate neurologic deficits of numbness (bilateral decrease C7) and weakness (weak grips) for which there may be peripheral nerve versus root level pathological conditions. The condition is not clearly diagnosed as radiculopathy and as such NCV is supported to aid diagnosis and prognosis determination.

Acupuncture 3 x 4, neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, acupuncture.

Decision rationale: The medical records indicate neck pain with neurologic deficit. The ODG guidelines support initial trial of 3-4 visits. The requested treatment exceeds the ODG guidelines as it is 12 visits and there is no indication of previous treatment or objective functional gain reported from an initial trial. As such 12 visits of acupuncture are not supported by the medical records provided for review.