

<b>Case Number:</b>	CM14-0033489		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Occupational Medicine 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 45 year-old male with date of injury of January 24, 2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated February 20, 2014, lists subjective complaints as ongoing pain and weakness in the right upper extremity and right lower extremity. The patient claims to have had difficulty completely weaning off of his prescribed medications. Objective findings: Examination of the right upper extremity revealed no paraspinous muscle tenderness and moderate limitation of range of motion secondary to pain, no crepittance, no contractures and no evidence of ankylosis. The sensory and motor exam for the upper extremities is completely normal. The patient has a normal station and gait. The patient's diagnoses include stenosis and myelopathy. No operative reports were provided for review, but the clinic note dated February 20, 2014, mentions the patient is seven months status port cervical disc replacement C3-4 on June 21, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Detox Program (7-10 days): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Detoxification; Pain (Chronic), Detoxification.

**Decision rationale:** The decision to place a patient in an inpatient rehabilitation program for drug detoxification, as opposed to an outpatient setting, requires a careful and thorough assessment by the requesting physician. The Official Disability Guidelines outline the multiple factors, which must be considered. The medical record fails to document the required factors, which must be considered prior to sending the patient to an outpatient detoxification center. Therefore, the request is not medically necessary.

**Neuro Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 132.

**Decision rationale:** According to the ACOEM Practice Guidelines, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record fails to document the specific need for a neurology consult. In addition, the patient has a normal neurologic exam. Therefore, the request is not medically necessary.

**EMG (Electromyography) of the upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** The history and physical exam offer no indication of carpal tunnel syndrome (CTS) or cervical radiculopathy. Nerve conduction studies are not medically necessary. Therefore, the request is not medically necessary.

**EMG (Electromyography) of the lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. However, there is no neurologic exam of the lower extremities and the patient's gait is normal. Therefore, the request is not medically necessary.

**NCS (Nerve conduction studies) of the upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 & Upper Back, Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Therefore, the request is not medically necessary.

**NCS (Nerve conduction studies) of the lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Therefore, the request is not medically necessary.