

Case Number:	CM14-0036454		
Date Assigned:	06/23/2014	Date of Injury:	08/29/2012
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 applicant has filed a claim for chronic neck and arm pain reportedly associated with an industrial injury of August 29, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a transcutaneous electrical nerve stimulation (TENS) unit; a muscle relaxant; and work restrictions. In a utilization review report dated March 5, 2014, the claims administrator denied a request for nerve conduction testing of the right upper extremity. Overall rationale was sparse. The claims administrator did not incorporate cited guidelines into his rationale. The claims administrator, as opposed to citing MTUS references in his rationale, alluded to cost of electromyography (EMG) testing and its denial, but did reference cervical MRI (magnetic resonance imaging) on February 26, 2014, notable for multilevel degenerative changes and disk protrusions of uncertain significance. The applicant's attorney subsequently appealed. In a February 24, 2014, appeal letter, the claims administrator appealed the decision to deny nerve conduction testing, citing American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Guidelines. In a September 12, 2013 progress note, the applicant was described as having persistent complaints of low back and shoulder pain. The applicant exhibited guarding about the shoulder and did exhibit well-preserved strength and sensation about the same. A rather permissive 30- to 40-pound lifting limitation, Norco, and tizanidine were endorsed. On November 7, 2013, the applicant was described as having persistent complaints of neck pain radiating to the right arm and numbness about the hands. The applicant was apparently using medical marijuana, it was stated. The applicant was using Wellbutrin and estrogen, it was stated. The applicant did exhibit right triceps and wrist strength scored at 4/5 with the remainder of the muscles groups about the upper extremities scored at 5/5. Norco, Lyrica, and tizanidine were endorsed. The applicant was again returned to modified work. On

December 5, 2013, the attending provider noted that the applicant had persistent complaints of neck pain, cramping, wrist pain, and elbow pain. The applicant also had numbness and tingling about the hand, it was suggested, but decreased sensorium is noted about the C6 dermatome with 4/5 right upper extremity strength appreciated in certain muscles groups. Electrodiagnostic testing was again endorsed. On January 3, 2014, the applicant was placed off of work, on total temporary disability. The applicant apparently underwent electrodiagnostic testing of the bilateral upper extremity on January 9, 2014, which was interpreted as showing a C5-C6 radiculopathy with no evidence of associated polyneuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCS) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pgs. 271-273, and Non-MTUS: Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Study (NCS), and Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS), Shoulder Complaints Chapter (ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008), Chapter 9), pgs. 561-563, and Elbow Disorders (ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008)), pgs. 601-602.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines do support electromyography (EMG) and NCV (nerve conduction velocity) testing to help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both which last greater than three or four weeks. In this case, however, the applicant already had positive electrodiagnostic testing of January 9, 2014, which definitively established a diagnosis of C5-C6 cervical radiculopathy. No clear rationale for repeat testing was proffered by the attending provider. It is unclear why repeat testing is being sought if the applicant has already had earlier positive electrodiagnostic testing, which did definitely establish the diagnosis of cervical radiculopathy at the C5-C6 level. Therefore, the request is not medically necessary.