

Case Number:	CM14-0036475		
Date Assigned:	06/25/2014	Date of Injury:	02/25/2013
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery, has 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 injured worker is a 25 year-old male was reportedly injured on 2/25/2013. The mechanism of injury was noted as a slip and fall off a ladder. The most recent progress note, dated 2/17/2014, indicated that there were ongoing complaints of neck, back, shoulder, and lower extremity pains. The physical examination demonstrated memory difficulties, preoccupied with physical limitations in pain, anxious and sad moods, dysphoric mood, bodily tension, close to tears, and apprehensive. No diagnostic studies were available for review today. Previous treatment was not listed. A request had been made for pain management physician for evaluation of cervical and lumbar epidural steroid injection, nerve conduction velocity (NCV) of the bilateral upper extremities and electromyography (EMG) of the bilateral upper extremities and was not medically necessary in the pre-authorization process on 3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Pain Management MD for evaluation of cervical and lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004): Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. It was noted that the injured 25-year-old worker did have complaints of neck, shoulder, low back, and lower extremity pain. Based on the clinical medical documentation provided, there were no objective clinical findings to support the request for this requested procedure. This request is considered not medically necessary.

Nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Given the lack of documentation of a neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Given the lack of documentation of a neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.