

Case Number:	CM14-0036476		
Date Assigned:	06/25/2014	Date of Injury:	10/08/2013
Decision Date:	07/31/2014	UR Denial Date:	02/26/2014
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 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 neck pain reportedly associated with an industrial injury of October 8, 2013. Thus far, the applicant has been treated with the following, analgesic medications; unspecified amounts of physical therapy; and work restrictions. The claims administrator did acknowledge that the applicant was having dysesthesia and hypo-sensorium about the right hand and digits. The claims administrator, it is incidentally noted, cited non-MTUS ODG Guidelines in his denial, which it mislabeled and misrepresented as originating from the MTUS-adopted ACOEM Guidelines. The applicant's attorney subsequently appealed. On January 27, 2014, the applicant was described as status post earlier knee arthroscopy. On January 27, 2014, the applicant was described as having issues with knee pain, but did have incidentally noted diabetes and hypertension, it was stated. On February 3, 2014, the applicant presented with persistent complaints of 9/10, moderate-to-severe neck pain with numbness and tingling about the fourth digits of both hands. The applicant was again described as a diabetic using metformin. Hypo-sensorium is noted about fourth and fifth digits of both hands. The applicant was ambulating with aide of a cane. Cervical MRI imaging was sought, along with electrodiagnostic testing of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and/or NCV testing may help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, lasting more than three to four weeks. In this case, the applicant does seemingly have longstanding neck pain radiating to the bilateral upper extremities, reportedly severe. Both possible cervical radiculopathy and a generalized peripheral neuropathy secondary to longstanding diabetes and carpal tunnel syndrome were all on the differential diagnosis. Appropriate electrodiagnostic testing can help to distinguish between these possible issues. Therefore, the request is medically necessary.

NCV of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, the applicant does have longstanding complaints of neck pain radiating to the bilateral upper extremities with dysesthesias about the hands appreciated on exam. The applicant is a longstanding diabetic. Appropriate electrodiagnostic testing can, in fact, help to distinguish between some of the possible diagnostic considerations here, including cervical radiculopathy, generalized peripheral neuropathy, and/or carpal tunnel syndrome. Therefore, the request is medically necessary.