

Case Number:	CM14-0046177		
Date Assigned:	07/02/2014	Date of Injury:	11/22/2010
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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:

pain management, examination progress report dated 2/26/2014 the injured worker is still complaining about some issues with sleep as well as depression. There is no suicidal or homicidal ideation. She is also describing pain in the cervical spine radiating into the upper extremities with numbness, tingling and weakness into the upper extremities. On exam, she is in no acute distress. Cervical spine range of motion is full except flexion, extension and lateral bending of 20 degrees. She does not complain of increasing pain toward terminal range of motion. There is tenderness to palpation in the cervical spine. Spurling test is positive in the bilateral cervical spine. Shoulder exam is normal except positive Hawkins and Neer tests. There is diminished bilateral C6 sensation to light touch. Diagnoses include 1) cervical strain, spasm, and radiculitis, possible 2) shoulder pain, essentially unchanged, with supraspinatus tendinitis and AC joint arthritis 3) possible sleep disorder and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV), bilateral upper extremities: 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 Official Disability Guidelines, Neck & upper Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Nerve Conduction Studies (NCS) section.

Decision rationale: The requesting physician reports that the previous EMG revealed a right active C5 radiculopathy, but the qualified medical evaluation recommends a new EMG/nerve conduction study (NCS). The requesting physician requests that a colleague provide this new study for an independent evaluation. It is noted that the claims administrator granted the request for EMG, but the NCS was not certified. The claims administrator referenced the Official Disability Guidelines. The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The Official Disability Guidelines does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms based on radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The medical necessity of adding NCV with the use of EMG has not been established at this point. The request for nerve conduction velocity (NCV), bilateral upper extremities is not medically necessary.

Sleep evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, online edition, pain Chapter, sleep studies, polysomnography.

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

Decision rationale: The requesting physician reports that the qualified medical examiner recommended a psychiatric and sleeps evaluation. The MTUS Guidelines do not address the use of sleep evaluation. The Official Disability Guidelines recommends the use of polysonogram after at least six months of an insomnia complaint (at least four night a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. There is no indication that behavior intervention and sedative/sleep-promoting medications have been utilized, and that psychiatric etiology has been excluded. The request for sleep evaluation is determined to not be medically necessary.

