

Case Number:	CM14-0056563		
Date Assigned:	07/09/2014	Date of Injury:	01/30/2009
Decision Date:	09/19/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Psychiatry 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:

This is a 33-year-old male with a 1/30/09 date of injury. The mechanism of injury was reported that the patient was stepping off of a forklift, lost his balance, and twisted his back. There were no physician progress reports provided for review. A UR report dated 4/1/14 referenced an orthopedic consultation initial report dated 3/19/14. It is documented that the patient had MRIs of the lumbar spine and a nerve conduction study in 2009. The patient complained of headaches, chronic neck pain, pain in the shoulders, tingling in upper extremities, upper back pain, low back pain, pain radiating into the bilateral lower extremities, knee pain, and lower extremity tingling with intermittent numbness. Objective findings: active ROM of spine with flexion 30 degrees, extension 20 degrees, and rotation to the right 40 degrees, rotation to the left 40 degrees, and bilateral lateral flexion of 20 degrees. The patient walked with a slow gait and used a cane for ambulation. Diagnostic impression: chronic cervical spine sprain/strain with radicular symptoms, sprain/strain of trapezium, musculoligamentous low back pain with radiculitis and positive MRI, and internal derangement of the left knee. Stated the patient had MRIs of the lumbar spine and a nerve conduction study in 2009. A UR decision dated 4/1/14 denied the request for NCS of upper extremities. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The patient complained of headaches, chronic neck pain, pain in the shoulders, tingling in upper extremities, upper back pain, low back pain, pain radiating into the bilateral lower extremities, knee pain, and lower extremity tingling with intermittent numbness. Objective findings: active ROM of spine with flexion 30 degrees, extension 20 degrees, and rotation to the right 40 degrees, rotation to the left 40 degrees, and bilateral lateral flexion of 20 degrees. The patient walked with a slow gait and used a cane for ambulation. Diagnostic

impression: chronic cervical spine sprain/strain with radicular symptoms, sprain/strain of trapezium, musculoligamentous low back pain with radiculitis and positive MRI, and internal derangement of the left knee. Stated the patient had MRIs of the lumbar spine and a nerve conduction study in 2009. A UR decision dated 4/1/14 denied the request for NCS of upper extremities. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS Bilateral Upper extremity: 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 Index, Neck & Upper Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238 table 10-6, Chronic Pain Treatment Guidelines 9792.23.3 Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There were no physician progress reports provided for review. According to the UR decision dated 4/1/14, an unofficial MRI indicated that the patient has L4-5 and L5-S1 disc protrusion and mild foraminal stenosis. Since this patient already has an established cause of the radiculopathy, there is no need for a Nerve Conduction Study. Therefore, the request for NCS Bilateral Upper Extremity was not medically necessary.