

Case Number:	CM14-0063235		
Date Assigned:	07/11/2014	Date of Injury:	08/16/2011
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This 62 year old patient had a date of injury on 8/16/2011. In the reports viewed, the progress notes and physical examinations were not available for review. Diagnostic impression shows discogenic cervicla condition with three-level disc disease and radicular components, carpal tunnel syndrome bilaterally, impingement syndrome and bicipital tendonitis Treatment to date: medication therapy, behavioral modification, surgery, physical therapy A UR decision dated 4/8/2014 denied the request for pain management consult, and EMG of bilateral upper extremities. The reason for the denial could not be located in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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)chapter 6-Independent Medical examinations and Consultations (pg 127, 156)Official Disability Guidelines (ODG) pain chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In an appeal note by the doctor dated 4/30/2014, the patient's pain level is 6-7/10 in all areas besides the shoulder. He admits to numbness and tingling in the right wrist and right upper arm, and certain movement increases his pain level to intense. Pain in the lower back increases when standing longer than 15-20 minutes, standing longer than 15-20 minutes and walking farther than 100 yards. Therefore, the request for Pain management consult is medically necessary.

EMG (electromyography) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 238. 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. In the appeal note dated 4/30/2014, the doctor states that the patient continues to experience numbness and tingling in the right arm and should be evaluated by EMG studies. However, there was no discussion regarding failure of conservative treatments such as medication therapy and physical therapy. Furthermore, in the appeal note, the diagnosis stated that nerve studies have not revealed radiculopathy. Therefore, the request for EMG for the bilateral extremities was not medically necessary.