

Case Number:	CM14-0064840		
Date Assigned:	08/08/2014	Date of Injury:	10/19/2009
Decision Date:	09/11/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/24/14 note indicates pain in the neck. 1/29/13 the injured worker had an EMG (Electromyography) with NCS (nerve conduction study) of upper extremities. The injured worker's study was noted to be a normal study except mild bilateral carpal tunnel syndrome. Examination noted there was negative cervical facet loading. Spurling's maneuver was negative bilateral. Strength testing was 5/5 bilateral with normal cranial nerve function. Sensory examination was normal bilateral. Reflexes were noted to be bilateral in the upper extremities. The injured worker was noted to have had C4, C5 and C6 cervical radiofrequency neurotomy July 2, 2014. The injured worker noted "unable to determine efficacy of procedure." 6/27/14 note indicated positive cervical facet loading on the right with diagnostic medial branch blocks having been performed 5/20/14 with more than 70% reduction in pain for 3 hours after procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet nerve block right side C4, C5, and C6.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Neck & Upper Back Procedure Summary (4/14/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, cervical facet joint radiofrequency neurotomy.

Decision rationale: The medical records provided for review support positive examination of cervical facet mediated pain and the insured underwent diagnostic medial branch block (MBB) with greater than 70% reduction in pain for duration of anesthetic. ODG guidelines support radiofrequency ablation (RFA) after positive MBB blocks as noted. Therefore, this request is medically necessary.

EMG of the bilateral upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Neck & Upper Back Procedure Summary (4/14/2014).

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

Decision rationale: The medical records provided for review do not indicate the presence of any neurologic deficit on examination in support of performance of EMG (Electromyography). Notes indicate previous EMG study having performed with findings of carpal tunnel syndrome. There is no indication of new neurologic condition or aggravation of carpal tunnel syndrome in support of new study. ODG guidelines support study where diagnosis is not clear or where there is new or progressive neurologic deficit and EMG will assist in treatment, diagnosis, or prognosis. Therefore, this request is not medically necessary.

NCS of the bilateral upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Neck & Upper Back Procedure Summary (4/14/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, nerve conduction studies.

Decision rationale: The medical records provided for review do not indicate the presence of any neurologic deficit on examination in support of performance of NCV (nerve conduction study). Notes indicate previous NCV study having performed with findings of carpal tunnel syndrome. ODG guidelines support study where diagnosis is not clear or where there is new or progressive neurologic deficit and NCV will assist in treatment, diagnosis, or prognosis. Therefore, this request is not medically necessary.

Neophrine soft right wrist thumb spica splint with no metal stays.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Carpal Tunnel Syndrome Procedure Summary, 02/20/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm wrist hand, splints.

Decision rationale: The medical records do not indicate condition of fracture or other condition for which immobilization is supported therapy. ODG guidelines support for most tasks splint use improved or did not change pain levels, did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty. The findings suggest that wrist splint prescription is not a simple process; clinicians and clients need to work together to determine the daily wear pattern that maximizes benefit and minimizes inconvenience according to the client's individual needs. Therefore, this request is not medically necessary.