

Case Number:	CM14-0090495		
Date Assigned:	09/19/2014	Date of Injury:	10/04/2013
Decision Date:	10/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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:

There is a report of July 9, 2014, of a qualified medical evaluation. The insured was reporting neck pain with sharp, stabbing right side spasms with stiffness. There is reported associated anxiety and stress. The insured reported improvement with acupuncture and medication. Physical examination indicated decreased range of motion of the cervical spine with spinous process tenderness and muscle spasm. There was positive cervical distraction test, maximal foraminal decompression, shoulder depression test and Soto-Hall test. Reflexes were 2+. There was decreased sensation in the palm of the hand but otherwise normal sensation. The diagnoses were listed as post concussion syndrome and cervical spine herniated nucleus pulposus with radiculopathy. Note September 9, 2014, indicated the pain management consultation. There was report of cervicogenic headaches with pain radiating down to both upper extremities right greater than left. The insured is reporting difficulty at night due to ongoing pain and taking Ultram. There was tenderness to palpation bilaterally with increased muscle rigidity in the cervical spine. There were numerous trigger points reported. Strength was 5/5 except for decreased grip strength on the right. There was decreased sensation over the lateral arm and forearm bilaterally in possibly C5-C6 distribution. Note 07/09/14 indicated the insured is reporting difficulty with memory, having lapses of memory. She is reported to becoming disoriented while driving. She is reported to have a diagnosis of post concussion syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV bilateral upper extremities, neck: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck & Upper Back, Nerve conduction studies (NCS)

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

Decision rationale: The medical records support neurologic deficits of strength and sensation in the distribution of more than one root and/or peripheral nerve for which NCV can guide diagnosis and therapy. Therefore, the request is medically necessary.

QEEG cognitive P300 evoked response, brain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10347740> (Guidelines for recording/analyzing quantitative EEG and evoked potentials. Part II: Clinical aspects)

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

Decision rationale: QEEG is not supported under the Official Disability Guidelines ODG for diagnosis of traumatic brain injury. Therefore, the request is not medically necessary.

EMG bilateral upper extremities, neck: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck & Upper Back, Electromyography (EMG)

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

Decision rationale: The medical records support neurologic deficits of strength and sensation in the distribution of more than one root and/or peripheral nerve for which EMG can guide diagnosis and therapy. Therefore, the request is medically necessary.

MRI of the brain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Head, MRI (magnetic resonance imaging)

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

Decision rationale: The Official Disability Guidelines (ODG) support that Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. There is reported neurologic abnormality of disorientation while driving and lapses in memory for which MRI brain would be supported as this represents a deterioration of condition. Therefore, the request is medically necessary.