MAXIMUS Federal Services

Case Number:	CM14-0205292		
Date Assigned:	12/17/2014	Date of Injury:	08/20/2013
Decision Date:	02/06/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 19-year-old female with an 8/20/13 date of injury. According to a progress report dated 10/23/14, the patient reported neck pain and headaches, rated as a 7/10, with tingling and weakness of the upper bilateral extremities, right greater than left. Her medications were helpful with no gastric issues. She has completed 4 of 6 chiropractic treatments with 20% improvement. Objective findings: tenderness to palpation (of unspecified location). Diagnostic impression: head injury, headache, cervical sprain/strain, myofascial pain, cervicalgia/neck pain. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 11/17/14 denied the requests for EMG/NCV of right and left upper extremities and fenoprofen. Regarding EMG/NCV, there was no documentation of any subjective complaints or examination findings suggestive of a cervical radiculopathy or upper extremity peripheral neuropathy/impingement. The tingling is a new reported symptoms. The patient is undergoing chiropractic treatments and reports 20% improvements after 4 of 6 treatments. It is reasonable to wait until the patient has completed her chiropractic treatments and been reassessed prior to considering EMG or NCV testing. Regarding fenoprofen, approval cannot be granted for a request for any medication of unspecified quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 177, 182, 268, 272.

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

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. However, in the present case, there was no documentation of bilateral upper extremity neurological issues. The subjective weakness and tingling do not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there are no objective signs documented that suggest radiculopathy or neuropathy. Furthermore, there was no documentation that the patient has failed conservative measures of treatment. In fact, it was noted that she was currently undergoing chiropractic treatment with reported benefit. Therefore, the request for EMG of the right upper extremity was not medically necessary.

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 177, 182, 268, 272.

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

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. However, in the present case, there was no documentation of bilateral upper extremity neurological issues. The subjective weakness and tingling do not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there are no objective signs documented that suggest radiculopathy or neuropathy. Furthermore, there was no documentation that the patient has failed conservative measures of treatment. In fact, it was noted that she was currently undergoing chiropractic treatment with reported benefit. Therefore, the request for EMG of the left upper extremity was not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 177, 182, 268, 272.

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

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. However, in the present case, there was no documentation of bilateral upper extremity neurological issues. The subjective weakness and tingling do not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there are no objective signs documented that suggest radiculopathy or neuropathy. Furthermore, there was no documentation that the patient has failed conservative measures of treatment. In fact, it was noted that she was currently undergoing chiropractic treatment with reported benefit. Therefore, the request for NCV of the right upper extremity was not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 177, 182, 268, 272.

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

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. However, in the present case, there was no documentation of bilateral upper extremity neurological issues. The subjective weakness and tingling do not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there are no objective signs documented that suggest radiculopathy or neuropathy. Furthermore, there was no documentation that the patient has failed conservative measures of treatment. In fact, it was noted that she was currently undergoing chiropractic treatment with reported benefit. Therefore, the request for NCV of the left upper extremity was not medically necessary.

Fenoprofen 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the present case, the patient reported that medications were helpful, with no gastric issues. However, the quantity of medication requested has not been provided in this request. Therefore, the request for Fenoprofen 400mg, as submitted, was not medically necessary.