

Case Number:	CM15-0146846		
Date Assigned:	08/10/2015	Date of Injury:	11/28/2012
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female who sustained an industrial injury on 11-28-2012. She was placing items into a box and as she was doing so, the metal cover on the box hit her on the right side of the top of her head. She has reported neck and shoulder pain and has been diagnosed with cervical disc degeneration, contusion face, scalp, neck, and cervicgia. Treatment has included medications and conservative treatment. There was decreased range of motion of the cervical spine with paravertebral tenderness and spasm. The treatment plan included physical therapy for the cervical spine and a cervical MRI. The treatment request included 1 sleep study and EMG-NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain, Polysomnography.

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

Decision rationale: The ODG describes sleep studies as recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Such studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. In this case, the patient has a clear psychiatric history warranting continued work up and treatment, and therefore a sleep study is unlikely to change management or clinical outcomes at this time. Therefore, based on the guidelines, the request is not considered medically necessary at this time.

EMG/NCV of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is not sufficient evidence of neurologic physical exam abnormalities provided in the documents, and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for electro diagnostics given prior diagnosis of cervicalgia. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary, as it is unlikely to change clinical management.