

Case Number:	CM15-0210523		
Date Assigned:	10/29/2015	Date of Injury:	02/27/2007
Decision Date:	12/17/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 February 27, 2007, incurring cervical neck, left shoulder and left wrist injuries. She was diagnosed with a cervical sprain with bilateral upper extremity radiculitis, left shoulder sprain with impingement and a left wrist sprain. Treatment included diagnostic imaging, medical management and restricted activities with modifications. Currently, the injured worker complained of neck pain radiating down the left arm, persistent left shoulder and wrist pain. She noted pain and limited range of motion of the cervical neck, shoulder and wrist. Her grip strength was decreased and muscle spasms increased. The treatment plan that was requested for authorization included Electromyography and Nerve Conduction Velocity studies of the bilateral upper extremities; one home interferential unit; and one Vista cervical collar. On September 25, 2015, requests for Electromyography and Nerve Conduction Velocity studies, interferential unit and cervical collar were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM Guidelines indicate that EMG is not indicated when radiculopathy is clinically obvious, which is the case in this claimant. The claimant has multiple signs of radiculopathy; therefore the necessity of an EMG cannot be established. CA MTUS/ACOEM does not specifically address NCV; however, the ODG states that they are not recommended. Therefore the request is not medically necessary or appropriate.

1 Home Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Home interferential units (IF) are not recommended as an isolated intervention as there is no quality evidence of effectiveness except when used with other recommended treatments including return to work, exercise and medications and limited evidence of improvement on those recommended treatments alone. In this case, there is no evidence that IF will be done in conjunction with other therapies. There is no indication that the claimant meets criteria for an IF unit. There is no evidence of decreased effectiveness of pain medications, pain ineffectively controlled due to side effects, history of substance abuse, significant pain from post-op conditions limiting ability to perform exercise programs/PT treatments or unresponsiveness to conservative measures. Therefore, the request is not medically necessary or appropriate.

1 Vista cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: CA MTUS/ACOEM Guidelines state that cervical collars have not been shown to be effective or have any lasting benefit, except as a comfort measure in the first days of the clinical course of severe cases. In this case, the patient injured her neck over 8 years ago. There is no documentation of an acute flare-up or re-injury necessitating the use of a cervical collar. Therefore, the request is not medically necessary or appropriate.