

Case Number:	CM15-0056476		
Date Assigned:	04/01/2015	Date of Injury:	03/14/2013
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who sustained an industrial injury on 3/14/13. The injured worker reported symptoms in the cervical spine, right shoulder and bilateral upper extremities. The injured worker was diagnosed as having cervical sprain/strain, cervicobrachial syndrome, right brachial plexus syndrome, right shoulder sprain/strain, right elbow pain, right de Quervain's disease, and left wrist sprain/strain. Treatments to date have included cortisone injection, topical patches, oral pain medication and bracing. Currently, the injured worker complains of pain in the cervical spine, right shoulder and bilateral upper extremities. The plan of care was for diagnostics, neurology evaluation, transcutaneous electrical nerve stimulation unit and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Study of the Cervical Spine: Overturned

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): 178; 260-262. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: Report dated 2-11-15 (21B) states, "Response from UR 1-14-15 denied the surgery. [REDACTED] indicated that a more adequate explanation, documentation and ancillary studies be performed before authorizing the surgery". Therefore, authorization is requested for a neurologist consultation with EMG-NCV studies. Medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck, right shoulder, right elbow and right wrist pain that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary to provide the necessary information in order to authorize the patient for brachial plexus release surgery. Recommendation is for authorization.

EMG/NCS Bilateral Upper Extremities: Overturned

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): 178; 260-262. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the cervical spine, right shoulder and bilateral upper extremities. The current request is for EMG/-NC S Bilateral Upper Extremities. The treating physician report dated 2-11-15 (21B) states, "Response from UR 1-14-15 denied the surgery. [REDACTED] indicated that a more adequate explanation, documentation and ancillary studies be performed before authorizing the surgery". Therefore, authorization is requested for a neurologist consultation with EMG-NCV studies. Medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck, right shoulder, right elbow and right wrist pain that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary to provide the necessary information in order to authorize the patient for brachial plexus release surgery. Recommendation is for authorization.