MAXIMUS Federal Services

Case Number:	CM15-0056927		
Date Assigned:	04/01/2015	Date of Injury:	04/20/2006
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, Illinois
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 female who sustained an industrial injury on 4/20/06. The mechanism of injury is not clear. Currently she complains of pain in the neck and left shoulder region and headaches. Medications are Norco, trazadone. Diagnoses include discogenic cervical condition with facet involvement and headaches; impingement syndrome of the shoulder on the left, status post decompression and labral repair; biciptal tendonitis, status post injection; bilateral carpal tunnel syndrome, status post bilateral decompression; cubital tunnel syndrome bilaterally, status post decompression; epicondylitis laterally; weight gain; depression and anxiety. Treatments include facet injection, radiofrequency ablation (2012) with no improvement; neck traction; neck collar; neck pillow; transcutaneous electrical nerve stimulator unit; chiropractic therapy; massage therapy; soft and rigid braces for both wrists. Diagnostics include MRI cervical spine (no date) abnormal; nerve studies (no date) unremarkable. In the progress note dated 3/11/15 the treating provider's plan of care requests nerve studies of the upper extremities due to the injured workers worsening pain situation and sleep disturbances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve conduction velocity (NCV) of bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178,Chronic Pain Treatment Guidelines Chronic pain discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 4/20/06. The medical records provided indicate the diagnosis of discogenic cervical condition with facet involvement and headaches; impingement syndrome of the shoulder on the left, status post decompression and labral repair; biciptal tendonitis, status post injection; bilateral carpal tunnel syndrome, status post bilateral decompression; cubital tunnel syndrome bilaterally, status post decompression; epicondylitis laterally; weight gain; depression and anxiety. Treatments include facet injection, radiofrequency ablation (2012) with no improvement; neck traction; neck collar; neck pillow; transcutaneous electrical nerve stimulator unit; chiropractic therapy; massage therapy; soft and rigid braces for both wrists.The medical records provided for review do not indicate a medical necessity for Electromyography (EMG)/Nerve conduction velocity (NCV) of bilateral upper extremities. The records indicate a previous Nerve studies done in 2012 were unremarkable; Cervical MRI done the same year revealed disc disease. The records reviewed were not detailed in the history and physical examination of the neck and upper limbs. Without documentation of detailed history and physical examination findings, it is impossible to know the goal of the requested nerve studies. Since the MTUS recommends nerve studies for cases in which there is doubt about the findings in the neurologic examination, thorough history and physical examination of the neck and upper limbs may have helped in making a decision on whether a new nerve study is necessary, although the previous one was unremarkable. Therefore, the requested treatment is not medically necessary.