

Case Number:	CM14-0136145		
Date Assigned:	09/03/2014	Date of Injury:	03/24/2008
Decision Date:	09/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old male with date of injury 3/24/08 that occurred as a result of repetitive injuries while lifting heavy objects. The treating physician report dated 4/9/14 indicates that the patient presents with chronic localized neck pain with no radiation down the arms or paresthesias. The physical examination findings state that the patient is alert, cooperative, normal gait and coordination. Normal light touch sensation over the bilateral extremities, normal motor strength, reflexes are intact with negative Spurling's and negative Hoffman's. The current diagnosis is localized neck pain. The utilization review report dated 8/14/14 denied the request for office outpatient visit, muscle test done with test, NRV CNDJ 13 Studies and NCVC/EMG bilateral upper extremities based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with chronic neck pain. The current request is for Office Outpatient. The treating physician report dated 4/9/14 indicates that the patient is being seen for a physical medicine and rehabilitation consultation as requested by the primary treating physician. In reviewing the Request for Authorization form dated 7/15/14 it states that "Office Outpatient" is requested for the 4/9/14 date of service. There is no report from the referring physician indicating the need for the referral only the consultation report from the Physical medicine and rehabilitation physician followed by an EMG/NCV report from the same day. The ACOEM guidelines support referral to specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case there is no referral from the primary treating physician outlining the need for "Office Outpatient." Because there is no documentation stating that a referral is needed to assist this patient the current request for "Office Outpatient" is not supported. The request is not medically necessary.

Musc Test Done With Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Policy online.

Decision rationale: The patient presents with chronic neck pain. The current request is for Musc Test Done With Test. The treating physician report dated 4/9/14 indicates that the patient is being seen for a physical medicine and rehabilitation consultation as requested by the primary treating physician. In reviewing the Request for Authorization form dated 7/15/14 it states that "musc test done w/N test" is requested for the 4/9/14 date of service. There is no report from the referring physician indicating the need for this request and there is nothing in the consultation report from the Physical medicine and rehabilitation physician asking for musc test done w/ test. The MTUS and ODG Guidelines do not address muscle testing. Review of the AETNA Policy guidelines states, "Aetna considers the use of quantitative muscle testing devices experimental and investigational when used for muscle testing because there is insufficient evidence that use of these devices improves the assessment of muscle strength over standard manual strength testing such that clinical outcomes are improved." In this case there is no medical rationale provided for the current request of Musc Test Done with Test and AETNA Policy does not support quantitative muscle testing. The request is not medically necessary.

NRV CNDJ 13 Studies: 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 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with chronic neck pain. The current request is for NRV CNDJ 13 Studies. The treating physician report dated 4/9/14 indicates that the patient is being seen for a physical medicine and rehabilitation consultation as requested by the primary treating physician. In reviewing the Request for Authorization form dated 7/15/14 it states, " NRV and; test 13 D studies" is requested for the 4/9/14 date of service. It is not clear what this request actually is. It may refer to EMG/NCV studies but without an explanation from the treater, the exact nature of what this request is not known. The Physical medicine and rehabilitation consultation report dated 4/9/14 states that the patient has localized neck pain with no radicular complaints and the neurological examination is normal. The treater states "Will perform EMG/NCS testing of bilateral upper extremities to rule out any source of cervical radiculopathy or focal compression neuropathy to explain his symptoms, per the request of the referring physician." There is no referring physician report provided in the 58 pages of medical records reviewed. The MTUS guidelines do not address EMG/NCV testing. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. Review of the records provided does not show that the patient has any symptoms in the arms or hands. In fact the Physical medicine and rehabilitation consultation report diagnosed the patient with localized neck pain and ACOEM does not support NCV testing for localized neck pain. The request is not medically necessary.

NCV/EMG, Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Neck & Upper Back Procedure Summary Update 04/14/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with chronic neck pain. The current request is for NCV/EMG, Bilateral Upper Extremities. The Physical medicine and rehabilitation consultation report dated 4/9/14 indicates that the patient is being seen for a physical medicine and rehabilitation consultation as requested by the primary treating physician. In that report the physician states that the patient has localized neck pain with no radicular complaints and the neurological examination is normal. The Physical medicine and rehabilitation physician states "Will perform EMG/NCS testing of bilateral upper extremities to rule out any source of cervical radiculopathy or focal compression neuropathy to explain his symptomology, per the request of the referring physician." The MTUS guidelines do not address EMG/NCV testing. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. Review of the records provided does not show that the patient has any symptoms in the arms or hands to be concerned about radiculopathy or CTS. In fact, the Physical medicine and rehabilitation consultation report diagnosed the patient with localized neck pain and ACOEM does not support NCV/EMG testing for localized neck pain. The request is not medically necessary.