

Case Number:	CM14-0143895		
Date Assigned:	09/22/2014	Date of Injury:	06/21/2012
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 45-year-old female who reported an injury on 06/21/2012 due to repetitive trauma while pulling weeds and debris. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included medications, activity modifications, physical therapy, and epidural steroid injections. The injured worker was evaluated on 07/30/2014. The physical examination at that appointment documented that the injured worker had weakness of the abductor pollicis musculature in the hand and wrist. The injured worker's diagnoses included cervical spondylosis with myelopathy as evidenced by right hand and arm weakness, neck pain, and anti-inflammatory induced gastritis with associated pain induced depression. A request was made for a nerve conduction study of the right upper extremity to confirm a diagnoses of radiculopathy due to upper extremity weakness. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested nerve conduction study for the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of electrodiagnostic studies for clinically evident radiculopathy. The injured worker has significant findings consistent with radiculopathy from her cervical injury. The clinical documentation does not provide any support of peripheral nerve impingement. Therefore, clarification of the injured worker's pain generator would not be indicated in the clinical situation. As such, the requested nerve conduction study of the right arm is not medically necessary or appropriate.