

Case Number:	CM14-0179545		
Date Assigned:	11/04/2014	Date of Injury:	04/26/2011
Decision Date:	12/17/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Medicine 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:

This injured worker's date of injury is 04/26/2011. This patient receives treatment for chronic neck pain, anxiety, myalgia, and facet arthropathy. Patient's symptoms include neck pain that radiates down both arms. On exam there is reduced flexion, rotation to the L, DTRs, sensory, and motor exams are normal. Medications used include: aspirin, ibuprofen, Tylenol with hydrocodone, and diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: 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 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: An EMG may help to identify subtle neurologic dysfunction in patients with neck and arm pain. There is no documentation of significant radicular neurologic abnormalities on exam or in imaging. EMG examination is not medically indicated.

Functional restoration program consultation cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-34.

Decision rationale: FRPs are interdisciplinary programs for patients with chronic pain. There are many criteria functional improvement, documentation that there is an absence of other treatment for entry into such programs. Some of these criteria are: evidence of an improvement in modalities for pain, loss of function from the pain, and documentation that there is no surgical option appropriate for the patient. The documentation does not adequately address these factors. An FRP is not medically indicated.