MAXIMUS Federal Services

Case Number:	CM14-0184565		
Date Assigned:	11/12/2014	Date of Injury:	01/24/2014
Decision Date:	12/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/05/2014

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, 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 27 year-old male with the date of injury of 01/24/2014. The patient presents with pain in his neck and lower back. His neck pain radiates down his left shoulder with stiff pain and his left hand with numbing or tingling. He rates his neck pain as 6-7/10 on the pain scale. His lower back pain radiates down his left hip. He rates his lower back pain as 4/10. The patient ambulates and moves without difficulty. There is tenderness over the paraspinal as well as the spinous process. The patient is currently working with full duty. Diagnoses on 09/22/2014 include: 1) Acute cervical strain, 2) Underlying left-sided moderate neuroforaminal narrowing in the cervical spine, 3) Electrocution to the left upper extremity, and 4) Continued left upper extremity paresthesias and radiculopathy. The utilization review determination being challenged is dated on 10/03/2014. Treatment reports were provided from 04/16/2014 to 09/22/2014.

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) bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 261.

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

Decision rationale: The patient presents with pain in his neck, radiating down his left upper extremity. The request is for EMG/NCV bilateral upper extremities. There is no indication provided if there were any previous EMG or NCS conducted. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between Carpel Tunnel Syndrome (CTS) and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has radiating pain in his left extremity from his neck and the patient has kept reporting constant pain and radiating symptoms. EMG/NCS may help the treater pinpoint the cause and location of the patient's symptoms. The request is medically necessary.

Physical therapy 2 times a week for 3 weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in his neck, radiating down his left upper extremity. The request is for physical therapy 2 times a week for 3 weeks for the neck. The patient had a total of 8 sessions of physical therapy between 04/24/2014 and 05/30/2014. For non-post-operative therapy treatments, MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. Although the previous physical therapy progress reports were provided, there were no indications of how physical therapy had helped patient in terms of pain reduction or functional improvement. There is no discussion regarding the patient's home exercise program. Furthermore, the current 6 sessions combined with 8 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.