MAXIMUS Federal Services

Case Number:	CM14-0212129		
Date Assigned:	01/02/2015	Date of Injury:	11/13/2009
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Ohio, California
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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 30, 2009.In a Utilization Review Report dated November 14, 2014, the claims administrator denied a request for comprehensive electrodiagnostic testing. The claims administrator stated that the attending provider failed to identify whether the applicant had or had not had prior electrodiagnostic testing. An October 22, 2014 progress note was referenced in the determination. An earlier electrodiagnostic testing of January 27, 2011 was described as abnormal EMG of the left supraspinatus and infraspinatus muscles with no other abnormalities of the left upper extremity or cervical paraspinal musculature. The claims administrator's medical evidence log did not contain the October 22, 2014 progress note which the claims administrator employed in its rationale; rather, the bulk of the documentation on file comprised of historical progress notes dated between 2009 and 2012. In a Medical-legal Evaluation dated May 22, 2012, it was acknowledged that the applicant had a variety of chronic pain, neck, and psychological issues. The claimant was no longer working, it was acknowledged. The claimant was status post earlier shoulder surgery, it was suggested. A progress note dated September 14, 2010 was notable for comments that the applicant reported ongoing issues with shoulder and wrist pain. The applicant was using Vicodin and Ambien for pain relief. Work restrictions were endorsed. The applicant did not appear to be working with limitations in place. On June 16, 2010, the applicant underwent a C4 through C7 cervical diskectomy and fusion procedure.In a psychiatry note dated January

10, 2012, the applicant was placed off of work, on total temporary disability, from a mental health standpoint, while Viibryd, Latuda, Lunesta, and Klonopin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive electrodiagnostic study: 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): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" in applicants who carry diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Here, the applicant apparently carries a diagnosis of clinically-evident cervical radiculopathy status post earlier multilevel cervical fusion surgery. It was not clearly established why repeat electrodiagnostic testing was indicated here, although it is acknowledged that the October 22, 2014 progress note made available to the claims administrator was not incorporated into the Independent Medical Review packet. The historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.