

Case Number:	CM14-0216151		
Date Assigned:	01/06/2015	Date of Injury:	06/28/2012
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 06/28/2012. The mechanism of injury was not specifically stated. The current diagnoses include traumatic hemothorax, fracture of the rib, and lumbar sprain. A Request for Authorization form was submitted on 11/20/2014 for a specialty evaluation, an EMG/NCV of the bilateral upper extremities, and a sleep study. According to the physician progress note dated 11/20/2014, the injured worker presented with reports of no significant improvement. The current medication regimen includes Percocet and Lyrica. The injured worker reported sharp, tingling, and burning pain. Upon examination, there was tenderness to palpation noted. An abnormal neck examination was noted; however, the cervical spine evaluation was not provided. The injured worker was given a refill of the current medication regimen. A sleep study, electrodiagnostic studies, and an orthopedic evaluation were requested on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms lasting more than 3 to 4 weeks. The injured worker's physical examination of the cervical spine and the bilateral upper extremities was not provided for this review. There is no indication that this injured worker suffers from a significant musculoskeletal or neurologic deficit. Recent conservative treatment was not listed. The medical necessity has not been provided in this case. Therefore, the request is not medically appropriate.

Orthopedic Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Online Edition, Chapter 7, IME and consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no mention of an exhaustion of conservative management. It is unclear how the injured worker would benefit from an orthopedic consultation. There was no mention of the candidacy for surgical treatment. The medical necessity has not been established in this case. Therefore, the request not medically appropriate.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Edition Chapter: Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Polysomnogram.

Decision rationale: The Official Disability Guidelines recommend a polysomnogram for a combination of indications. There was no mention of a sleep related breathing disorder or insomnia complaints for at least 6 months. There was no mention of cataplexy, morning headaches, intellectual deterioration, or personality change. The injured worker is noted to be taking narcotic medication. There was no mention of an exclusion of sedative/sleep promoting medications and psychiatric etiology. Given the above, the request is not medically appropriate in this case. As such, the request for sleep study is not medically necessary at this time.

