MAXIMUS Federal Services

Case Number:	CM15-0076141		
Date Assigned:	04/27/2015	Date of Injury:	05/15/2014
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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
Certification(s)/Specialty: Family Practice

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 58-year-old male sustained an industrial injury to the right shoulder on 5/15/14. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, injections, home exercise and medications. In a new patient consultation dated 3/23/15, the injured worker co pain 7/10 on the visual analog scale. The injured worker reported that whenever he tilted his head down and to the right side, his face felt numb. The injured worker complained of increased pain down the right upper extremity with numbness as well as right side of the neck, right shoulder and right elbow pain. The injured worker also reported having jerking motions and tremors. Current diagnoses included rule out cervical spine disk herniation with radiculopathy. The treatment plan included magnetic resonance imaging cervical spine, electromyography/nerve conduction velocity test right upper extremity and medications (Relafen, Norco and Neurontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: According to guidelines it states Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with symptoms lasting more than three or four weeks. According to the medical records, there is no documentation of focal neurological dysfunction and thus is not medically necessary.

Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not, state the patient has functional improvement with opioid usage and thus is not medically necessary.