

Case Number:	CM15-0093413		
Date Assigned:	05/19/2015	Date of Injury:	08/28/2001
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 59 year old male, who sustained an industrial injury on August 28, 2001. He reported being rear-ended at work. The injured worker was diagnosed as having status post lumbar fusion, shoulder joint pain, myofascial pain syndrome, and lumbar radiculopathy. Treatment to date has included caudal epidural, myofascial therapy, lumbar fusion, home exercise program (HEP), right shoulder surgery, acupuncture, and medication. Currently, the injured worker complains of low back pain radiating down his bilateral lower extremities, with tightness in his neck and right shoulder with numbness radiating down his right upper extremity, and depression. The Treating Physician's report dated April 6, 2015, noted the injured worker reported greater than 60% relief of pain following a caudal epidural performed March 19, 2015. Myofascial therapy was noted to have been helpful in reducing the residual pain and tightness in his lower back. The injured worker reported a reduction in the use of the Oxycodone and Valium with the reduction of his pain. The injured worker reported swelling and temperature changes in his right hand. The Physician noted the injured worker had failed conservative treatments of anti-inflammatories and medication over the previous few months. A previous nerve conduction study (NCS) of the right arm was noted to show nerve damage, with the neurologist stating the nerves would heal, however, the injured worker's symptoms in his right arm were worsening and persisting. The injured worker reported his pain as a 5-6/10, with 0 being no pain and 10 the most severe pain the injured worker had ever had. The injured worker's medications were listed as Senokot-S, Oxycodone, and Valium. Physical examination was noted to show mild tenderness to palpation of the lumbar paraspinals, left greater than right, with hypoesthesia along the C5,

C6, and C7 dermatomes of the right upper extremity. The cervical spine was noted to have limited flexion and extension due to pain, and muscle spasm and positive twitch signs of the low back were noted. The treatment plan was noted to include proceeding with the authorized myofascial therapy, proceeding with the psychological evaluation for a spinal cord stimulator trial when authorized, the injured worker was to continue to reduce his amount of medications following the relief of symptoms from the caudal epidural, continued gentle home exercise program (HEP), and a request for authorization for a nerve conduction study (NCS) of the right arm to assess for any nerve damage or continued nerve damage that could still be persistent in causing the injured worker's radicular symptoms as well as the dropping objects and swelling of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: The patient is s/p previous nerve conduction study of the right arm, which revealed nerve damage. Chronic symptoms persists with continued ongoing treatment and new request for repeat study. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any peripheral entrapment syndrome, only with continued chronic pain and radicular component without specific consistent myotomal or dermatomal correlation to support for repeating the NCV when previous study already confirmed radiculopathy. The Nerve conduction study of the right upper extremity is not medically necessary and appropriate.