MAXIMUS Federal Services

Case Number:	CM13-0001489		
Date Assigned:	11/20/2013	Date of Injury:	06/20/2006
Decision Date:	01/24/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

This patient is a 30-year-old male who reported an injury on 06/20/2006. The notes indicate that the patient's mechanism of injury was a strike to the face with a nail gun with the patient sustaining an intracranial penetrating wound through the palate. The most recent clinical notes submitted for review indicate that the patient has complaints of frequent neck pain and occasional shooting pain down the bilateral upper arms. The notes indicated that the patient had a pending neurological consultation on 06/16/2013 and a pending dental consultation. The notes indicated that the patient was utilizing Norflex once per day which was helpful, to decrease muscle spasms, as well as Fioricet once per day which helped with headaches. On physical examination, the cervical spine revealed tenderness to palpation with spasm over the paravertebral musculature and trapezius muscles. Spurling's maneuver was positive eliciting paresthesia into the bilateral upper arms at the lateral forearm, wrist, and 1st and 3rd digits. There was decreased paresthesia in the bilateral upper extremities with range of motion of the cervical spine measured with flexion of 35 degrees, extension 40 degrees, right lateral flexion 35 degrees, left lateral 35 degrees, and bilateral rotation of 63 degrees. The current request for consideration is for bilateral upper extremities EMG and NCV studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. While the documentation submitted for review indicates that the patient has examination findings of cervical spine tenderness with spasm, as well as limited range of motion of the cervical spine with positive Spurling's test, there is lack of documentation to detail specific conservative treatments for this patient, other than medications to include Norflex and Fioricet. Furthermore, cervical electrodiagnostic studies are not necessary to demonstrate cervical radiculopathy. Finally, there is lack of documentation submitted for review of any prior imaging obtained since the patient's date of injury.

Nerve conduction study (NCS) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. While the documentation submitted for review indicates that the patient has examination findings of cervical spine tenderness with spasm, as well as limited range of motion of the cervical spine with positive Spurling's test, there is lack of documentation to detail specific conservative treatments for this patient, other than medications to include Norflex and Fioricet. Furthermore, cervical electrodiagnostic studies are not necessary to demonstrate cervical radiculopathy. Finally, there is lack of documentation submitted for review of any prior imaging obtained since the patient's date of injury.