

Case Number:	CM13-0025030		
Date Assigned:	11/20/2013	Date of Injury:	10/22/2011
Decision Date:	10/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/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:

The injured worker is 38-year-old female who reported an injury on 10/22/2011. The mechanism of injury was a motor vehicle accident. Diagnoses included cervical cord syndrome instability at C6-7. Past treatments included a cervical collar and a home exercise program. Diagnostic studies included an official MRI of the cervical spine on 04/14/2014, which revealed minimal sporadic spondylosis, no acute focal disc herniation or any significant cervical stenosis, and no gross structural cervical cord abnormality. Surgical history included anterior cervical disc fusion at C6-7. The clinical note dated 06/24/2014, indicated the injured worker stated her neurologic symptoms had improved since surgery. The physical exam dated 07/22/2014 indicated that the injured worker was no longer wearing her cervical collar, had good sensation in her fingers and capillary refill was within one second in her fingertips. Current medications were not provided. The treatment plan included electromyography of the bilateral upper extremities and nerve conduction study of the bilateral upper extremities. The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for electromyography of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines indicate that EMG may help identify a subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The injured worker was status post cervical fusion in 06/2014. She indicated that her neurologic symptoms had improved since her surgery. There is a lack of clinical documentation to indicate the injured worker had any neurologic or motor deficits in the bilateral upper extremities to indicate the need for electromyography at this time. Without documentation of these functional deficits the request cannot be supported. Therefore, the request for electromyography of the bilateral upper extremities is not medically necessary.

NERVE CONDUCTION STUDY OF THE BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction study of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines indicate that nerve conduction studies may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines go on to state that nerve conduction studies are recommended to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The injured worker was status post cervical fusion in 06/2014. She indicated that since surgery her neurological symptoms had improved. There is a lack of physical exam findings to indicate the injured worker had any neurological or motor deficits. Without evidence of these functional deficits the request cannot be supported at this time. Therefore, the request for nerve conduction study of the bilateral upper extremities is not medically necessary.