

Case Number:	CM13-0027561		
Date Assigned:	05/21/2014	Date of Injury:	05/02/2013
Decision Date:	07/29/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 a 42-year-old male who reported an injury on 05/02/2013. The mechanism of injury was noted to be cumulative trauma from lifting. The injured worker's prior treatments were noted to be physical therapy and chiropractic therapy. The injured worker diagnoses were noted to be cervical spine herniated nucleus pulposus, radiculopathy, and headaches. The injured worker had a clinical evaluation on 07/10/2013. He complained of neck pain rated 3/10 and complained of headache rated 5/10. The objective findings included restricted range of motion and palpable spasm two to three plus. The treatment plan included a request for medications and an NCV (nerve conduction velocity)/electromyography (EMG). In addition, the treatment plan included a request for physical therapy and chiropractic therapy. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was dated 07/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG), bilateral upper extremities: Upheld

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

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

Decision rationale: The request for an electromyography (EMG) bilateral upper extremities is non-certified. The California MTUS/ACOEM state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review fails to provide a thorough neurological assessment. The progress report does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome or a positive Spurling's. Due to the examination being unclear, according to the guidelines, an EMG is not medically necessary. Therefore, the request for EMG of the bilateral upper extremities is non-certified.

NCV (nerve conduction velocity), bilateral upper extremities: Upheld

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

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

Decision rationale: The request for an NCV (nerve conduction velocity) of the bilateral upper extremities is non-certified. The California MTUS/ACOEM state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review fails to provide a thorough neurological assessment. The progress report does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome or a positive Spurling's. Due to the examination being unclear, according to the guidelines, a NCV is not medically necessary. Therefore, the request for an NCV of the bilateral upper extremities is non-certified.