

Case Number:	CM13-0036389		
Date Assigned:	12/13/2013	Date of Injury:	06/17/2011
Decision Date:	02/19/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation and is licensed to practice in Illinois and Texas. 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:

The patient is a 44-year-old female who reported a work related injury on June 17, 2011, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses, status post anterior revisions of fusion at pseudarthrosis C4-5 with cage and plate posterior fixation with fusion C4 to C6 and foraminotomy at C5-6 bilaterally. The clinical note dated September 10, 2013 reports that the patient was seen under the care of [REDACTED]. The provider documents that the patient reports neck stiffness and dizziness that presented 2 weeks previously. The provider reported upon physical exam of the patient, range of motion to the bilateral upper extremities was within normal limits. Reflexes, sensation, and motor strength revealed no abnormalities or deficits. The patient had negative bilateral Hoffmann's. The provider documents that x-rays of the patient's cervical spine were performed and it appears that the patient's fusion is not solid. There was no change in the hardware. The provider has requested a nerve study to better evaluate the patient's subjective complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyogram (EMG) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Page(s): 46.
Decision based on Non-MTUS Citation ODG (Neck and Upper Back Complaints, AMA Guides (Radiculopathy)

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

Decision rationale: The California MTUS/ACOEM guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. However, this patient presents with no physical exam findings evidencing any motor, neurological, or sensory deficits. The provider documents x-ray of the patient's cervical spine indicated the patient's fusion was not solid. However, with no objective findings of any motor, neurologic, or sensory deficits upon exam of the patient, the current request is not supported. As such, the request for electromyogram (EMG) of the upper extremities is not medically necessary or appropriate.

Nerve Conduction Study (NCS) of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Complaints, AMA Guides (Radiculopathy)

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

Decision rationale: The California MTUS/ACOEM guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. However, this patient presents with no physical exam findings evidencing any motor, neurological, or sensory deficits. The provider documents x-ray of the patient's cervical spine indicated the patient's fusion was not solid. However, with no objective findings of any motor, neurologic, or sensory deficits upon exam of the patient, the current request is not supported. As such, the request for nerve conduction study (NCS) of the upper extremities is not medically necessary or appropriate.