

Case Number:	CM13-0043837		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2011
Decision Date:	02/27/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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 51-year-old female who reported an injury on 4/16/11; she sustained injuries to the cervical spine and right arm which resulted from prevention of a fall. The patient underwent shoulder arthroscopy with subacromial decompression and mini Mumford procedure in January 2012, and an anterior cervical decompression and fusion at C3-C6 in November 2012. She underwent a CT scan in May 2013 that shows her fusion to be in good alignment; there was no evidence of significant neural compromise or facet joint arthropathy at the other levels of the cervical spine. The patient underwent electrodiagnostic studies in September 2013 that included a bilateral upper extremity EMG and bilateral lower extremity EMG that did not include any chronic radiculopathy. It was also noted that the patient had electrodiagnostic evidence of bilateral lower extremity sensory motor polyneuropathy, as well as median nerve neuropathy of the bilateral wrists, but no evidence of ulnar neuropathy. The patient's diagnoses included status post anterior cervical decompression and fusion at the C4-C6, cervical spine myofascial pain syndrome, and anxiety and depression related to the cervical spine injury. The patient's treatment plan included a repeat electrodiagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

repeat EMG of the bilateral lower 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 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The clinical documentation submitted for review provides evidence that the patient recently underwent an electrodiagnostic study. The most recent clinical evaluation does not provide neurological deficits of the lower extremities that would require additional clarification of an electromyography. There has not been a significant change in the patient's presentation to support the need for an additional electrodiagnostic study. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when the patient has neurological symptoms that require further evaluation. The clinical documentation does not support the need for this type of study. Additionally, the documentation does not support the need for an additional study. As such, the request is not-certified.

repeat NCV of the bilateral lower 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 12 Low Back Complaints
Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The clinical documentation submitted for review provides evidence that the patient recently underwent an electrodiagnostic study that did not reveal any radicular deficits. There was no evidence of a significant change in the patient's clinical presentation to support the need for an additional electrodiagnostic study. The Official Disability Guidelines do not recommend the use of a nerve conduction study of the lower extremities unless there is a need to differentiate between radiculopathy and polyneuropathy. As the clinical documentation does not provide any evidence of neurological deficits that require further clarification and there has been no significant change in the patient's clinical presentation since the prior electrodiagnostic study, an additional electrodiagnostic study would not be supported. As such, the request is not certified.