

Case Number:	CM13-0044116		
Date Assigned:	02/12/2014	Date of Injury:	10/11/2011
Decision Date:	04/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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, has a subspecialty in Interventional Spine 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 patient is a 48-year-old male who was injured on 10/11/11. The IMR application shows a dispute with the 10/15/13 UR decision on the EMG/NCV BUE. The 10/15/13 UR letter is from [REDACTED] and states it was based on the 10/7/13 medical report. The 10/7/13 report is from the physiatrist [REDACTED], who he first evaluated the patient on 6/22/13 for cervical ESI, but these have been denied. [REDACTED] states the symptoms continue to worsen and he again requested EMG/NCV. On exam, Spurling's is positive. There are bilateral decreased reflexes, strength and sensory findings.

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 (EMG BUE):
Overturned

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): 178.

Decision rationale: According to the 10/7/13 PM&R report from [REDACTED], the patient presents with increasing neck pain and radiating pain down the arms. The exam shows 4/5 motor bilaterally, decreased C5, C6, C7 and C8 sensation bilaterally and 1+ reflexes upper extremities. The symptoms have been reported to be worsening since 6/22/13. MTUS/ACOEM guidelines state EMG and NCV "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The request is in accordance with MTUS/ACOEM guidelines.

NERVE CONDUCTION VELOCITY STUDY OF THE BILATERAL UPPER EXTREMITIES (NCV BUE): Overturned

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): 178.

Decision rationale: According to the 10/7/13 PM&R report from [REDACTED], the patient presents with increasing neck pain and radiating pain down the arms. The exam shows 4/5 motor bilaterally, decreased C5, C6, C7 and C8 sensation bilaterally and 1+ reflexes upper extremities. The symptoms have been reported to be worsening since 6/22/13. MTUS/ACOEM guidelines state EMG and NCV "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The request is in accordance with MTUS/ACOEM guidelines.