

Case Number:	CM13-0044208		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2013
Decision Date:	04/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/27/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in 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 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 49-year-old who reported an injury on May 7, 2013. The patient was reportedly injured when a 31 pound box fell from approximately fifteen to twenty feet, hitting the patient on the head. The patient has been treated for cervicgia, and this included the conservative treatments of chiropractic care with modalities. The patient reportedly underwent an MRI of the cervical spine on August 8, 2013, which revealed a normal MRI of the cervical spine, with a two to three millimeter central disc protrusion at the T2-3 and between the subarachnoid space without cord impingement. An MRI of the brain was also performed the same date, which was noted to be unremarkable. A neurological evaluation performed on November 9, 2013 revealed the patient had presented stating the patient couldn't sleep due to light giving headaches, with stress and loud noises bothering the patient, and vision in the left eye blurred. The patient was most recently seen on February 10, 2014 for an intermediate consult with [REDACTED], [REDACTED]. A comprehensive physical examination was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (ELECTROMYOGRAPHY/NERVE CONDUCTION VELOCITY) EXAM:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In the case of this patient, the most recent clinical documentation does not provide any objective findings of neurological deficits in the bilateral upper extremities. Therefore, an EMG and NCV would not be considered medically necessary in diagnosing the patient, without having sufficient information pertaining to their needs. The request for an EMG/NCV exam is not medically necessary or appropriate.