

Case Number:	CM13-0045034		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2012
Decision Date:	03/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/13/2013

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, 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 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 53 year-old male who was injured on 9/18/12. He was working underneath a tractor and as he got out from under the tractor he hit his head, right side, near the ear, on the tractor. The 9/30/13 neurology report states the patient is worse, but does not list a diagnosis. The patient is reported to be worse after a nerve block. He is reported to have had MBB at C2, C3, and C4 on the right on 9/11/13. [REDACTED] on 8/5/13 lists diagnoses as: cervicgia and cervical facet pain. The IMR application shows a dispute with the 10/8/13 utilization review decision. The 10/8/13 utilization review letter is missing pages, and is from MCMC, based on the 9/30/13 medical report, but is missing the pages that state what is denied or authorized, and the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG; 2 extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the 9/30/13 report from [REDACTED], the patient presents with extremely severe left-side neck pain radiating down the left upper extremity. He had the right-side MBB at C2, 3, 4 on 9/13/13. The exam shows decreased sensation in the left C5, C6 and C7 distribution. [REDACTED] would like to repeat the bilateral EMG/NCV and get a MRI of the cervical spine. The records include an EMG/NCV BUE on 5/10/13 that is essentially normal. There is also another EMG/NCV BUE done on 5/7/13 at a different facility showing very mild CTS, felt to be unrelated to the industrial injury. The 9/12/12 cervical CT scan did not show evidence of acute trauma or advanced degenerative changes, no facet arthropathy, and no disc space narrowing. [REDACTED] does not report any neurologic findings for the right-side. The electrodiagnostic study of the left upper extremity may be indicated as the physician does report left-sided exam findings, however, there is no rationale provided for ordering the EMG/NCV for the right side upper extremity that does not have any exam findings. The request is not in accordance with MTUS/ACOEM guidelines.

Nerve conduction study, each nerve; motor W/F wave: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the 9/30/13 report from [REDACTED] the patient presents with extremely severe left-side neck pain radiating down the left upper extremity. He had the right-side MBB at C2, 3, 4 on 9/13/13. The exam shows decreased sensation in the left C5, C6 and C7 distribution. [REDACTED] would like to repeat the bilateral EMG/NCV and get a MRI of the cervical spine. The records include an EMG/NCV BUE on 5/10/13 that is essentially normal. There is also another EMG/NCV BUE done on 5/7/13 at a different facility showing very mild CTS, felt to be unrelated to the industrial injury. The 9/12/12 cervical CT scan did not show evidence of acute trauma or advanced degenerative changes, no facet arthropathy, and no disc space narrowing. [REDACTED] does not report any neurologic findings for the right-side. The electrodiagnostic study of the left upper extremity may be indicated as the physician does report left-sided exam findings, however, there is no rationale provided for ordering the EMG/NCV for the right side upper extremity that does not have any exam findings. The request is not in accordance with MTUS/ACOEM guidelines.

H-reflex amplitude study; gastrocnemius /soleus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with neck pain and left arm paresthesia. There is no discussion of low back pain or lumbar radicular symptoms to support the need for a lower extremity EMG or lower extremity H-reflex. There is no rationale provided for this request. The California MTUS states Electromyography (EMG), including H-reflex tests, may be useful to

identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The patient does not meet the MTUS/ACOEM criteria, as there are no reported low back symptoms.

MRI spinal canal cervical; w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178..

Decision rationale: According to the 9/30/13 report from [REDACTED], the patient presents with extremely severe left-side neck pain radiating down the left upper extremity. He had the right-side MBB at C2, 3, 4 on 9/13/13. The exam shows decreased sensation in the left C5, C6 and C7 distribution. [REDACTED] would like to repeat the bilateral EMG/NCV and get a MRI of the cervical spine. The records include an EMG/NCV BUE on 5/10/13 that is essentially normal. There is also another EMG/NCV BUE done on 5/7/13 at a different facility showing very mild CTS, felt to be unrelated to the industrial injury. The 9/12/12 cervical CT scan did not show evidence of acute trauma or advanced degenerative changes, no facet arthropathy, and no disc space narrowing. The California MTUS/ACOEM for cervical imaging states: "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." There are no unequivocal findings that identify specific nerve compromise. The request is not in accordance with MTUS/ACOEM guidelines