

Case Number:	CM13-0045808		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2013
Decision Date:	03/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, 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 61-year-old male who reported an injury on 08/09/2013. The patient is currently diagnosed with acute cervical strain, rule out disc herniation and acute lumbar strain, and rule out disc herniation. The patient was seen by [REDACTED] on 09/26/2013. The patient reported ongoing pain in the cervical and lumbar spine. Physical examination revealed slightly decreased range of motion of the cervical spine, tenderness to palpation, hypertonicity, positive cervical compression testing, positive Spurling's maneuver, decreased strength in the C6 muscle group on the left, and decreased sensation in the C6 and C7 dermatomes on the left. Treatment recommendations included an MRI of the cervical and lumbar spine, EMG/NCS studies of bilateral upper and lower extremities and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for (EMG) Electromyography of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine

Practice Guidelines, 2nd Edition (2004) - pp. 177-179 and the Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocity may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination revealed positive Spurling's and compression testing, decreased muscle strength on the left, and decreased sensation on the left. Although the patient does demonstrate significant neurologic deficits, the medical necessity for a nerve conduction studies has not been established. Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Additionally, there was no evidence of a previous course of conservative treatment. Based on the clinical information received, the request is non-certified.

Request for Nerve Conduction Velocity Test (NCV) of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 177-179 and the Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocity may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination revealed positive Spurling's and compression testing, decreased muscle strength on the left, and decreased sensation on the left. Although the patient does demonstrate significant neurologic deficits, the medical necessity for a nerve conduction studies has not been established. Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Additionally, there was no evidence of a previous course of conservative treatment. Based on the clinical information received, the request is non-certified.

Request for (EMG) Electromyography of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 177-179 and the Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocity may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination revealed positive Spurling's and compression testing, decreased muscle strength on the left, and decreased sensation on the left. Although the patient does demonstrate significant neurologic deficits, the medical necessity for a nerve conduction studies has not been established. Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Additionally, there was no evidence of a previous course of conservative treatment. Based on the clinical information received, the request is non-certified.

Request for Nerve Conduction Velocity Test (NCV) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 177-179 and the Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocity may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination revealed positive Spurling's and compression testing, decreased muscle strength on the left, and decreased sensation on the left. Although the patient does demonstrate significant neurologic deficits, the medical necessity for a nerve conduction studies has not been established. Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Additionally, there was no evidence of a previous course of conservative treatment. Based on the clinical information received, the request is non-certified.