

Case Number:	CM13-0046983		
Date Assigned:	12/27/2013	Date of Injury:	09/15/1999
Decision Date:	03/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Pediatric Physical Medicine & Rehabilitation 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 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 71-year-old female who reported an injury on 09/15/1999. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnosis is cervical disc displacement. The patient has been approved and attended 36 previous physical therapy sessions. The most recent clinical note dated 10/14/2013 reveals the patient continues to complain of pain to her neck and low back with increased pain to her bilateral knees, the right side pain being greater than the left. Objective findings upon examination include positive Spurling's, decreased range of motion with pain, and noted tenderness to palpation with spasms to cervical spine. The patient has a longstanding history of neck pain, and has been evaluated with various diagnostic studies to include EMG/NCV, MRIs, and x-rays. The patient has previously undergone a prior anterior cervical discectomy and fusion surgery at C6-7. Progress report dated 09/09/2013 revealed objective findings of positive C6 dermatome, positive left upper extremity radiculopathy, and positive Spurling's testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) testing for the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Per California MTUS Guidelines, it is stated that electromyography (EMG), and nerve conduction velocities (NCV), 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. The patient has radicular symptoms and abnormality in the C6 dermatome. She also has a positive Spurling's as well as history of a burning neuropathic type of pain on the right. Therefore, the patient would appear to have symptoms that could be caused by carpal tunnel syndrome, radiculopathy, or both. An NCS is needed to test the peripheral nerves that may be injured in the setting of carpal tunnel syndrome and an EMG is used to evaluate for abnormal activity in the muscles that may be caused by nerve root injuries in radiculopathy. However, given the patient has undergone electrodiagnostic testing previously but the results were not provided, repeat studies would not be supported at this time as the prior studies may have correlated with the patient's current symptoms. As such, the request for EMG/NCV of the upper extremities is non-certified.