

Case Number:	CM13-0049508		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2009
Decision Date:	03/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 49 year old male who was injured on 09/10/2009 after being hit by a clamp fork and shoving him forward onto stacked pallets. The prior treatment included Tramadol, Naproxen, TG hot and physical therapy. The MRI of the cervical spine dated 09/11/2013 revealed at C2-3, a 2.7mm central disc protrusion moderately impresses on the thecal sac. At the C3-4 level, a 3.6mm central disc protrusion moderately impresses on the thecal sac; at the C4-5 level, a 3.6mm central disc protrusion moderately impresses on the thecal sac. At the C6-7 level 2.7 mm broad-based disc protrusion mildly impresses on the thecal sac. The service is requested because "we cannot proceed with surgical options as any of the 4 levels seen on the cervical MRI could be the cause of the patient's symptoms in the arms. The lumbar spine is the same in that there are 5 levels seen on the MRI that could be causing the radicular radiating pain to the legs." On 10/02/2013, examination findings of the cervical spine include severe pain that was described as sharp. The pain was aggravated by turning and using the arms. The patient reported that the pain radiates down into his hands and he feels stiffness in his fingers. The patient reported that the pain shoots up from his cervical spine. The pain in the lumbar spine was increased with prolonged sitting, prolonged standing, prolonged walking and bending forward at the waist. The objective findings include cervical axial compression test was positive bilaterally for neurological compromise. The left brachioradialis reflex was decreased. The right brachioradialis reflex was decreased. The left triceps reflex was decreased. The right triceps reflex was decreased. Kemps test was positive bilaterally. The straight leg raise test was positive bilaterally. Braggard's was positive bilaterally. The right patellar reflex was decreased. The right hamstrings reflex was decreased. The right Achilles reflex was decreased. The request for NCV/EMG of the bilateral upper and lower extremities is to rule out nerve impingement based on MRI findings of significant disc pathology that may be irritating the nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient was diagnosed with cervical disc herniation with myelopathy. He reports constant pain in his neck with radiating pain down his arms associated with numbness and tingling. His cervical MRI showed multilevel disc herniation and has documented objective findings of neurological deficits with decreased reflexes and positive axial compression test. The referenced guidelines indicate that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is no documentation that an EMG was performed that showed equivocal findings. Thus, the request is non-certified.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient was diagnosed with lumbar disc herniation and spondylosis with myelopathy. He reports constant lower back pain with radiating pain down his legs. He has MRI evidence of multilevel disc bulges/protrusion and has documented objective findings of neurological deficits with decreased reflexes and positive SLR and Braggard tests. The referenced guidelines indicate that nerve conduction studies are not recommended if the patient is presumed to have symptoms on the basis of radiculopathy. Thus, the request is non-certified.