

Case Number:	CM13-0051153		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2012
Decision Date:	03/06/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/14/2013

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 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 48-year-old male who reported a work-related injury on 06/13/2012, as a result of cumulative trauma to the cervical spine. The patient subsequently is status post a C5-6, C6-7 ACDF as of 01/28/2013. The patient has completed a course of postoperative physical therapy interventions. Clinical note dated 09/10/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with complaints of pain from the cervical spine, radiating to the bilateral upper extremities with associated numbness and tingling to the left upper extremity. The patient reports impaired sensation and dysesthesias to the left upper extremity, most notably in the C6 and C7 distribution. The provider recommended x-rays and MRI of the cervical spine to further assess the patient's subjective symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral 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): 178.

Decision rationale: Clinical documentation submitted for review fails to evidence objective findings of symptomatology upon physical exam to support the requested diagnostic study. The clinical notes did not indicate objectively the patient presented with any motor or neurological deficits. Subjectively, the patient reported numbness and tingling about the left upper extremity. ACOEM Guidelines indicate that if neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given the above, the request for EMG/NCS of the bilateral upper extremities is not medically necessary and appropriate.