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| Case Number: | CM13-0053735 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/18/2013 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in 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 expert 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 injured worker reported an injury to his head and neck when he slipped on the wet restroom floor. The injured states he struck a urinal knob with his neck resulting in head and neck pain. Pain rated 7/10. A clinical note dated 06/19/13 indicated ongoing complaints of constant pain. X-rays revealed essentially normal findings with no fractures identified. Ibuprofen was used for ongoing pain relief. A clinical note dated 07/03/13 indicated a continuum of 10/10 pain in the neck and head. The patient was recommended for physical therapy. A clinical note dated 08/13/13 indicated the patient responding with some benefit from physical therapy. Topical cream and acetaminophen were used for pain relief. A clinical note dated 08/20/13 indicated the neck pain had worsened with activities. Tenderness to palpation was identified throughout the thoracic spine around the upper thoracic spine. Authorized physical therapy was completed and with recommendation to undergo a home exercise program. A clinical note dated 10/04/13 indicated stiffness throughout the neck. There was an indication the patient was demonstrating ongoing range of motion deficits throughout the cervical spine including 30 degrees of flexion and extension, 40 degrees of right rotation, 50 degrees of left rotation and 20 degrees of bilateral lateral flexion. The note indicates a positive Spurling Test bilaterally. Strength deficits were identified in the neck (Level C6) distribution on the left rated as 4/5. Sensation was decreased in C6 and C7 distributions on the left as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Electromyography (EMG).

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

Decision rationale: Clinical documentation indicates the patient complaining of neck pain radiating into the upper extremities with associated strength and sensation deficits. There is an indication the patient is primarily experiencing left sided symptoms. However, the request for bilateral studies is indicated in order to establish a baseline for the ongoing radiculopathy. The patient has undergone a course of physical therapy. Given the significant clinical findings indicating radiculopathy involvement and taking into account the previous attempts of conservative treatments, this request is reasonable. Therefore, the request for Electromyography (EMG) of the left upper extremity is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve conduction studies (NCS).

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

Decision rationale: Clinical documentation indicates the patient complaining of neck pain radiating into the upper extremities with associated strength and sensation deficits. There is an indication the patient is primarily experiencing left sided symptoms. However, the request for bilateral studies is indicated in order to establish a baseline for the ongoing radiculopathy. The patient has undergone a course of physical therapy. Given the significant clinical findings indicating radiculopathy involvement and taking into account the previous attempts of conservative treatments, this request is reasonable. Therefore, the request for Nerve Conduction Velocity (NCV) of the right upper extremity is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve conduction studies (NCS).

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

Decision rationale: Clinical documentation indicates the patient complaining of neck pain radiating into the upper extremities with associated strength and sensation deficits. There is an indication the patient is primarily experiencing left sided symptoms. However, the request for bilateral studies is indicated in order to establish a baseline for the ongoing radiculopathy. The patient has undergone a course of physical therapy. Given the significant clinical findings indicating radiculopathy involvement and taking into account the previous attempts of conservative treatments, this request is reasonable. Therefore, the request for Nerve Conduction Velocity (NCV) of the left upper extremity is medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Electromyography (EMG)

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

Decision rationale: Clinical documentation indicates the patient complaining of neck pain radiating into the upper extremities with associated strength and sensation deficits. There is an indication the patient is primarily experiencing left sided symptoms. However, the request for bilateral studies is indicated in order to establish a baseline for the ongoing radiculopathy. The patient has undergone a course of physical therapy. Given the significant clinical findings indicating radiculopathy involvement and taking into account the previous attempts of conservative treatments, this request is reasonable. Therefore, the request for Electromyography (EMG) of the right upper extremity is medically necessary and appropriate.