MAXIMUS Federal Services

Case Number:	CM13-0057584		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2007
Decision Date:	03/31/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Interventional Spine 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 50 year old male with date of injury of 03/15/2007. The listed diagnoses per [redacted] dated 09/26/2013 are: 1. Cervical radiculopathy 2. Lumbar radiculopathy and degenerative disc disease at L5/S1 According to progress report dated 09/26/2013 by [redacted] the patient complains of constant pain in his neck with traveling pain to his upper extremities. Objective findings show tender at the spinous process of C4 through C7. There is tightness and stiffness in the paravertevral muscles. There is spasm and tenderness of the bilateral trapezius muscles and scapular regions. Range of motion of the cervical spine show flexion is 40 degrees and extension is 35 degrees. The treater is requesting EMG/NCS of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for EMG/NCS of the upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: This patient presents with chronic neck and low back pain radiating to his upper and lower extremities. The treater is requesting an updated EMG/NCS of the upper extremities. Utilization review dated 10/28/2013 denied the request stating that EMG/NCV studies are not necessary if radiculopathies already clinically obvious. Progress report dated 01/24/2013 by [redacted] notes that an EMG/NCS of the upper extremities was performed on 03/05/2007 which was normal. MRI of the cervical spine dated 03/30/2007 revealed uncovertebral hypertrophy with a 5mm disc osteophyte at C5/C6 and 4mm superimposed central osteophyte at C4/C5. Progress report dated 09/26/2013 by [redacted], also referenced an MRI from 06/12/2013 stating "There is a 1mm protrusion at C3/C4 and a 2mm disc protrusion at C4/C5 with mild central stenosis. There is hypertrophic facet changes. There is a 2-3 mm right paracentral disc protrusion at C5/C6 causing moderate-to-severe central stenosis with effacement of the anterior surface of the cord." For EMG/NCV studies, ACOEM guidelines p262 states that "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy." In this case, the treater is concerned about the patient's persistent pain radiating to the upper extremities that have not subsided over the years. A recent MRI dated 06/12/2013 shows severe central stenosis at C5/C6 and may not explain all of the patient's upper extremity symptoms. ACOEM nor ODG do not provide much guidance on updated studies. EMG/NCS of the upper extremities is reasonable to rule out other possible conditions. The last studies were from a number of years ago. Therefore, recommendation is for authorization.